



**A worldwide publication telling the Army Medicine Story**



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# ARMY MEDICINE PRIORITIES

## COMBAT CASUALTY CARE

Army Medicine personnel, services, and doctrine that save Service members' and DoD Civilians' lives and maintain their health in all operational environments.

## READINESS AND HEALTH OF THE FORCE

Army Medicine personnel and services that maintain, restore, and improve the deployability, resiliency, and performance of Service members.

## READY & DEPLOYABLE MEDICAL FORCE

AMEDD personnel who are professionally developed and resilient, and with their units, are responsive in providing the highest level of healthcare in all operational environments.

## HEALTH OF FAMILIES AND RETIREES

Army Medicine personnel and services that optimize the health and resiliency of Families and Retirees.

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## Red Sox Medical Director Meets with Army Surgeon General, MEDCOM Experts



Dr. Larry Ronan (left), medical director for the Boston Red Sox, met with Lt. Gen. Patricia Horoho (center) and Brig. Gen. Patrick Sargent to discuss the Performance Triad, TBI, and the Comprehensive Soldier Fitness Program Jan. 14, 2014. (U.S. Army photo by Ron Wolf) Access the full article at: <http://goo.gl/zV8NsV>

## Surgeon General of the Army Lt. Gen. Patricia D. Horoho and Judge Advocate of the Army Lt. Gen. Flora D. Darpino



Surgeon General of the Army Lt. Gen. Patricia D. Horoho and Judge Advocate General of the Army Lt. Gen. Flora D. Darpino, spoke Jan. 22, 2014, before the Women Mayors' Caucus in Washington, D.C. The caucus is part of the larger United States Conference of Mayors, for mayors of cities with 30,000 or more citizens. The group held its 82nd Winter Meeting, Jan 22-24, in the nation's capital. (U.S. Army photo by C. Todd Lopez). Access the full article at: [http://www.army.mil/article/118716/Women\\_leaders\\_serve\\_as\\_role\\_models\\_\\_whether\\_they\\_realize\\_it\\_or\\_not/](http://www.army.mil/article/118716/Women_leaders_serve_as_role_models__whether_they_realize_it_or_not/)

## Army Doctors Receive Surgeon General's Recognition

By Ann Bermudez

Four Army Medical Corps officers were recognized by the Army surgeon general for their excellence in military medicine at the Medical Corps Consultants Training Symposium Dec. 3 in Falls Church, Va.

- Col. Kevin Abbott received the Surgeon General's Award for Military Academic Excellence (The Lewis Aspey Mologne Award). Abbott is the Nephrology fellowship Program Director.
- The Surgeon General's Physician Recognition Award was awarded to three physicians (one each to a Lieutenant Colonel, Major and Captain) who have made significant contributions to military medicine.
- Lt. Col. Brian Krakover received the Surgeon General's Physician Recognition Award for the rank of Lieutenant Colonel. Krakover is the program manager for the Flight Paramedic Training Program.
- Maj. (P) Guyon Hill received the Surgeon General's Physician Recognition Award for the rank of Major. Hill works in Brooke Army Medical Center's Emergency Medicine.
- Capt. (P) Robert Barnwell received the Surgeon General's Physician Recognition Award for the rank of Captain. Barnwell is the Assistant Director of the Emergency Medicine Simulation Curriculum at San Antonio Military Medical Center.

## DC Health & Fitness Expo Becomes a Test Marketing Exercise for the Performance Triad

By Mike O'Toole, Army Medicine Public Affairs

NBC4 in Washington, D.C., hosted its 21st Annual Health and Fitness Expo at the D.C. Convention Center in January. The venue provided Army Medicine an opportunity to share its Performance Triad messages regarding its 3 tenants: sleeping better, moving more throughout the day, and making better nutrition choices. Access the full article at: <http://goo.gl/8dSmeO>

## Army Nurse selected for 2014 Winter Olympics



The second leg of the Women's Bobsled Team Trials and the Men's 4-Man Bobsled Team Trials were held at Park City, Utah on Oct. 25-26, 2013. Army nurse 1st Lt. Kristi Koplin teamed with driver Berit Tomten and finished in 5th place in the Women's Team Trials with a combined time of 1:42.16. Based on these and earlier results, Koplin was named to the Women's National Team to compete in the 2014 Winter Olympics, Sochi, Russia, Feb. 7-23. Koplin is a member of the U.S. Army's World Class Athlete Program (WCAP) that provides outstanding Soldier-athletes the support and training to compete and succeed in national and international competitions leading to Olympic and Paralympic Games. Follow the WCAP team's road to Sochi at: [facebook.com/ArmyWCAP](https://facebook.com/ArmyWCAP)

# Excerpts from TSG Remarks to the Women Mayors' Caucus Meeting

*The Strength of Diversity in Any Forum, Jan. 22, 2014*

Becoming a senior female leader doesn't happen overnight. It takes determination, confidence, and is shaped by those you surround yourself with. Role models, leaders, and mentors have been a tremendous influence in my career development.

I grew up in a military Family, born at Fort Bragg in North Carolina. My father was an Army officer who served in WW2, Korea, and Vietnam. I grew up seeing very few females in uniform; however, I did have military role models – my father and my brother.

I decided to pursue a career in nursing, which was primarily driven by my love of medicine, healthcare, and working with people. But I was also limited in what options were available for females at that time.

The span of my 30-year career has seen changes that allowed me to serve in my role today. When I entered the Army, women could not serve as commanders, let alone become general officers. The beauty in what has happened during my career has been watching the changes occur.

**Something great about that definition of leadership is that it can apply broadly to how we could define leaders, role models, and mentors in any forum, not just within the military.**

When I was appointed to be the Army surgeon general, I was the first nurse, and the first female, to serve in that leadership position.

Placing a female leader into this position during a time of war really shows



**Lt. Gen. Patricia D. Horoho**

the tremendous transformation our Army has made.

Being a part of an organization that can evolve, become more inclusive, more diverse – that instills within me an amazing sense of pride.

Today's Army is moving towards managing talents based on the skills, knowledge, and attributes of a person rather than focusing on their gender or previous jobs they may have held. The

emphasis is on expectations and potential of whomever will fill that leadership position – not by gender.

The Army defines leadership as a process, not as a position.

Leadership is about influencing people

by providing purpose, direction, and motivation, all while accomplishing a mission.

Something great about that definition of leadership is that it can apply broadly to how we could define leaders, role models, and mentors in any forum, not just within the military.

Although our military has become very diverse, that diversity has not percolated to the top leadership yet. Serving in uniform is not an easy pathway for anybody, but as I moved up in rank, there were fewer and fewer female role models who had been in a similar position.

We all face other people's perceptions of women in uniform, and women as leaders or executives. Sometimes those perceptions include criticism – simply based on the fact that you are a woman.

I think what all of us in this room can understand and relate to is the fact that for some, this criticism discourages. For others, it ignites a passion and sense of determination.

There are many critics of women serving in the military, especially given the recent changes concerning the role of women in combat.

Something that should never be overshadowed by that criticism is recognition of the fact that the global impact our military has made during the last 12 years of war could not have been achieved without strong and confident women. From that young female medic on the Female Engagement Team, to the civil affairs officers, women in uniform have been an irreplaceable asset to our nation.

*Serving to Heal...Honored to Serve.*



# WRNMMC Receives Level II Trauma Center Verification

By Walter Reed Public Affairs

On Dec. 18, Walter Reed National Military Medical Center (WRNMMC) was awarded a certificate verifying it as a Level II Trauma Center, one of an elite group of hospitals verified by the American College of Surgeons.

Only 155 U.S. medical centers across the nation have met the comprehensive and rigorous criteria required by ACS to achieve this designation of excellence, officials said.

“This verification as a Level II Trauma Center is yet another testimony to the superb care we here at Walter Reed Bethesda provide every day for those we are privileged to serve,” said Walter Reed Bethesda Director Brig. Gen. Jeffrey B. Clark.

Since 2001, Walter Reed Bethesda has cared for more than 5,000 of the nation’s service members as they recovered from wounds of war. The staff embraced the patients’ Families as members of an extended healthcare team and supported each other as the tempo surged, officials said.

Walter Reed’s staff commitment to the highest standards of patient care, patient safety, performance improvement, medical education, research and teamwork provides outstanding trauma care for Wounded Warriors, officials said. That’s why they sought to benchmark their processes against national standards of care set forth by world experts in trauma care.

In researching the ACS criteria for trauma center verification and delivery of care to the injured patient, officials said they recognized that Walter Reed’s well-established, multi-disciplinary, hospital-wide approach not only met, but in many cases exceeded, the rigorous criteria laid out by the ACS.

“I took this job and have practiced

as a trauma surgeon for nearly 35 years, based on what I have learned through what you have just gone through, becoming a certified trauma center, I think it’s probably the most important thing we can do,” said Dr. David B. Hoyt, ACS executive director, at the presentation ceremony of the verification plaque.

It’s about commitment, Hoyt said. He explained that it’s about commitment to the standards of care, measuring performance on a daily basis through data systems and other processes.

Public assurance is developed by subjecting the hospital to external peer review and by letting someone from the outside come in and take a look, Hoyt said. He added that the plaque which will hang on the hospital wall really represents that commitment and “is a model for healthcare going forward.”

“This designation represents an enduring commitment to extraordinarily high standards. What you have achieved is nothing short of truly amazing,” said Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson.

Walter Reed’s American College of Surgeons verification as a Level II Trauma Center reflects a one-team, patient-centered approach involving more than 60 departments and services within the medical center, ranging from audiology to nutrition to pastoral care to surgical specialties, officials said. They explained the verification is a testament to a patient-centered, hospital-wide effort.

Walter Reed National Military Medical Center is the world’s largest joint military medical center and is known as the flagship of military

medicine, officials said. They added, it is also where the nation heals our heroes, provides extraordinary experiences for patients, Families, and drives tomorrow’s healthcare advances through education, innovation, and research.

The American College of Surgeons, or ACS, Committee on Trauma conducted an intensive site visit and review in September 2013, evaluating all phases and areas of trauma care to include the medical center’s emergency department, blood bank, intensive care unit, operating rooms and rehabilitation facilities. Using the high standards outlined in their “Resources for the Optimal Care of the Injured Patient” manual, the committee determined that Walter Reed more than exceeded its requirements for verification.



David B. Hoyt (left), executive director for the American College of Surgeons, presents Cmdr. Carlos J. Rodriguez, chief of Trauma Surgery & Surgical Critical Care Division of Walter Reed National Military Medical Center in Bethesda, Md., with a plaque, during a verification ceremony Dec. 18 at the hospital. Walter Reed has now been verified by the ACS as a Level II Trauma Center. Photo by Sharon Renee Taylor

# Army Restructures Warrior Transition Units

By Warrior Transition Command Public Affairs

The United States Army announced on Jan. 9 a restructuring of its warrior transition units (WTUs) as the service prepares for a scheduled withdrawal of troops from Afghanistan and a continued decline in the number of combat wounded.

According to Brig. Gen. David Bishop, commander, Warrior Transition Command and Assistant Surgeon General for Warrior Care and Transition, "These changes will improve the care and transition of Soldiers through increased standardization, increased cadre to Soldier ratios, improved access to resources on installations, and reduced delays in care. They are not related to budget cuts, sequestration or furloughs."

As part of the restructuring, the Army will inactivate five WTUs and establish more than a dozen community care units (CCUs) across 11 installations by September 30, 2014. The transition to CCUs will result in the inactivation of nine community-based warrior transition units (CBWTUs), which

currently provide outpatient care and services for Army Reserve and National Guard Soldiers who do not require day-to-day care, allowing Soldiers to continue their recovery closer to home.

Warrior transition units are located at major military treatment facilities and provide support to wounded, ill and injured Soldiers who require at least six months of rehabilitative care and complex medical management. Under community care, CBWTU Soldiers - those healing at home - will be assigned to CCUs at WTUs located on Army installations. Soldiers will not have to move or change their care plans.

Thirteen CCUs will stand up at the following Army installations: Fort Carson, Colo.; Joint Base Lewis-McChord, Wash.; Forts Hood and Bliss, Texas; Fort Riley, Kan.; Fort Knox, Ky.; Forts Benning, Stewart, and Gordon, Ga.; Fort Bragg, N.C.; and Fort Belvoir, Va. Forts Belvoir and Knox will each have two CCUs. All nine CBWTUs are identified for inactivation: Alabama, Arkansas, California, Florida, Illinois,

Massachusetts, Puerto Rico, Utah and Virginia. The Puerto Rico CBWTU will become a community care detachment under the mission command of the Fort Gordon Warrior Transition Battalion.

WTUs slated for inactivation include: Fort Irwin, Calif.; Fort Huachuca, Ariz.; Fort Jackson, S.C.; Joint Base McGuire-Dix-Lakehurst, N.J.; and the United States Military Academy, West Point, N.Y. Each location has fewer than 38 Soldiers assigned to the WTU (as of Dec. 20, 2013).

Every attempt will be made to allow reserve component (RC) cadre to serve out their tours. Active duty personnel assigned to units set for inactivation or force structure reductions will be reassigned in accordance with current Army Human Resources Command policies. Civilian employees impacted by the force structure changes will be reassigned based on their skill sets, the needs of the Army, and available employment opportunities.



Retired Army Spc. Luis Puertas, from Orlando, Fla., celebrates as he crosses the finish line first after completing the men's 1500-meter race for above-the-knee single and double amputees during the 2013 Warrior Games at the U.S. Air Force Academy in Colorado Springs, Colo., May 14, 2013. (U.S. Army photo by Brent Powell)

# Army Nurse Corps Celebrates 113th Anniversary

By Col. Betsy Vane, Army Nurse Corps Historian

February 2nd marks the 113th anniversary of the Army Nurse Corps.

Army nurses have stood shoulder to shoulder with Soldiers, providing care not only to them, but to Sailors, Airmen, Marines and Coast Guardsmen, active duty and retired, and also to their Families.

The Corps was established February 2, 1901, and is the oldest military nursing corps in the United States and the first women's component in the armed forces.

Lt. Gen. Patricia D. Horoho, Army surgeon general and commanding general of the U.S. Army Medical Command, in a recent message said, "Since 1901, Army nurses have provided responsive, innovative, and evidenced-based nursing care to our Soldiers, Families and Retirees. We extend our sincere gratitude to all members of the Army Nurse Corps (ANC) as they continue to promote health and wellness and to serve with

pride today. Army Medicine is, Serving To Heal....Honored To Serve!"

Both men and women have served as Army nurses since 1775; however, the Nurse Corps did not become part of the Army Medical Department until 1901 when the Army Reorganization Act was passed and became law.

The ANC has seen many changes in its first 113 years. The 1906 San Francisco earthquake sent Army nurses on their first of many civil relief missions. When the U.S. entered World War I in 1917, the Army had 403 nurses.

By 1918, 21,460 Army nurses were serving in base, evacuation, and mobile surgical hospitals around the globe as well as on hospital trains in France and transport ships carrying the wounded across the Atlantic Ocean.

This began nurses' involvement in en route care of wounded Soldiers.

By 1945, 57,000 Army nurses were on active duty and continuing

their tradition of advancing nursing practice worldwide. They were involved in developing the concept of post-operative recovery wards in Europe and in providing airborne en route care from combat zones in fixed-wing aircraft.

During America's wars in Korea and Vietnam, Army nurses advanced their practice through trauma care specialization, including triage and resuscitative services. They also supported helicopter ambulance transportation from battle locations.

Today, nearly 40,000 individuals represent the Triad of Army Nursing: Active Component, Reserve Component, and National Guard officers, noncommissioned officers, enlisted and Civilians.

The ANC continues to be part of every major conflict that the United States has taken part in and serves as a critical factor in the outcome of the health of our service members and their Families.

## February is American Heart Month

Every journey begins with one step, whether it's climbing a mountain or preventing heart disease. This American Heart Month, the Centers for Disease Control (CDC) is offering weekly tips for better heart health. Take your first step on the road to a healthy heart with us.

Heart disease is a major problem. Every year, about 715,000 Americans have a heart attack. About 600,000 people die from heart disease in the United States each year—that's 1 out of every 4 deaths. Heart disease is the leading cause of death for both men and women.

The term "heart disease" refers to several types of heart conditions. The most common type in the United States

is coronary heart disease (also called coronary artery disease), which occurs when a substance called plaque builds up in the arteries that supply blood to the heart. Coronary heart disease can cause heart attack, angina, heart failure, and arrhythmias.

Cardiovascular disease, including

heart disease and stroke, costs the United States \$312.6 billion each year. This total includes the cost of healthcare services, medications, and lost productivity. These conditions are also leading causes of disability, preventing Americans from working and enjoying family activities.

The situation is alarming, but there is good news—heart disease is preventable and controllable. We can start by taking small steps every day to bring our loved ones and ourselves closer to heart health. CDC is providing a tip a day throughout February, but you can take these small steps all year long.

For more information visit, <http://www.cdc.gov/Features/HeartMonth/>







# Army Medicine's Workforce 2020 Project: Caring for People While Managing Change

By Valecia L. Dunbar, D.M., *Army Medicine Public Affairs*

The Workforce 2020 Project is an enterprise-wide initiative chartered Nov. 20 by the MEDCOM Chief of Staff to identify and develop process improvements to inform workforce restructuring decisions. WF 2020 key outcomes include realigning workforce with enduring missions, implementing business rules to assess change, and establishing processes and plans to shape the future force while minimizing adverse impacts to our valuable MEDCOM employees.

The WF 2020 Project is part of a broader transformation to meet current and future mission requirements. "Our Nation has been at war over the last 12 years. With both conflicts coming to an end, the restructure of a smaller, more agile Army, and changes in the Military Health System, we must appropriately assess and align the MEDCOM workforce to ensure the right capabilities exist in the right locations across Army Medicine," says Ric Fiore, MEDCOM chief of staff and project champion.

To address changes driven by multiple internal and external forces, Army Medicine is charting a course that supports the strategic reset of the Army. The AMEDD Transformation Directorate (ATD) Program Management Office (PMO) is leading MEDCOM's WF 2020 project. Carey Klug, ATD director and WF 2020 project sponsor, is tasked with developing the processes to support force structure decisions that align workforce with future mission requirements. The WF 2020

project team, led by project lead Debra Caraway, is comprised of representatives from MEDCOM Human Resources, Resource Management, Manpower, Civilian Corps, and other key staff.

"In our current fiscal environment, building more facilities and hiring more people is not tenable," says Lt. Gen. Patricia Horoho, Army surgeon general and commanding general U.S. Army Medical Command. "Instead, we need to innovate; we need to use our existing resources and know-how to create value for our beneficiaries and the Army. To transform from the traditional healthcare system, we must refine our abilities and increase our reach."

Many questions surround the exact nature and impact of the WF 2020 Project. The fiscal and strategic nature of the current environment dictates that "MEDCOM must change to survive," says Klug. "The mission of Army Medicine is transforming. We can wait for change to happen, or we can drive the change to maintain relevancy and value into the future. Our current and future state is simply not resourced as it has been in the past."

Although Klug readily admits that much is still uncertain, there is one thing that is certain. "I can tell you now, it's really about the people," says Klug. "People are our most important asset; they add the real value to this organization."

## **External Forces:**

The DOD, Military Health System (MHS), Defense Health Agency, and others influence how the WF 2020 Project work group will identify and

recommend processes needed to support future workforce decisions. The impending financial constraints will require force reductions throughout the Armed Forces, and will generate reductions to MEDCOM. Additionally, multiple MHS studies, including the Modernization Study, Median Analysis of Mid-Sized Hospitals Study, and Small Hospital Study, will inform the development of personnel management approaches that assist the WF 2020 project team in developing and standardizing processes to assist MEDCOM commanders in making personnel decisions.

## **Internal Forces:**

The implementation of new services and capabilities coupled with current force structure "initiatives" requires that we align our requirements, authorizations, and funding, as well as provide the tools to enable commanders to identify future changes to missions/services (enduring, temporary, or non-enduring) and align the workforce to those enduring missions in order to retain our valued personnel. The intent is to provide options for employees in temporary or non-enduring missions/services to move to enduring positions. Options include training to qualify for an enduring position; permanent change of duty station (PCS) to another location where their valuable skill set is needed in an enduring position; and possibly other alternatives all focused to minimize adverse impacts, on the organization and our people, such as a Reduction in Force.



### Managing Change

“For the foreseeable future, MEDCOM will be continually affected by multiple studies and resource decisions that will drive change in our workforce structure, our facilities, and our services,” says Fiore. “There will be changes or reductions in the services we provide to our beneficiaries at some locations. There will be reductions in our military personnel and there will be reductions in our Civilian personnel. The key is to manage these changes in a way that minimizes the impact on our people. We can do this if we are deliberate in our hiring processes. We experience 6-8% attrition every year. Every vacancy is an opportunity to

reshape. If we manage vacancies well, we can minimize impacts.”

The transformation process is guided by two key questions says Klug. “How do we set ourselves up for success in the future? How do we respond to change while ensuring the workforce is aligned with mission requirements?”

Keeping people informed and aware of the project is an important part of the PMO’s directive. The WF 2020 work group is committed to leveraging the multiple communication platforms within Army Medicine to provide updates as the project progresses.

Leaders are looking at a culture change in the Army. The end state for Army Medicine is to achieve the

surgeon general’s vision to move Army Medicine to an Operating Company built around a System For Health. ATD’s role is to deliver the technical and functional capabilities that will assist leaders in communicating the Operating Company principles of consistency, clarity, and accountability when faced with difficult workforce decisions and ensuing personnel actions.

“It comes down to one key point,” says Klug. “We must take care of the Soldiers, Civilians, and Families entrusted to our care. And, our people provide that care. Our future will be what we make of it and how we influence that is the biggest challenge we all face.”

## National Children’s Dental Health Month

Each February, the American Dental Association (ADA) sponsors National Children’s Dental Health Month (NCDHM) to raise awareness about the importance of oral health. NCDHM messages and materials have reached millions of people in communities across the country.

Developing good habits at an early age and scheduling regular dental visits helps children get a good start on a lifetime of healthy teeth and gums.

Whether you’re a member of the dental team, a teacher or a parent, the ADA has free online resources that can help you with oral health presentations, ideas for the classroom and coloring and activity sheets that can be used as handouts. We also have booklets, videos and other materials available for purchase through our ADA Catalog.

To download the poster and planning guide visit, <http://www.ada.org/5578.aspx>



## DOD Changing the Face of Modern Medicine – Walter Reed, MRMC the Gateway for Face Transplant Research

By Dana Crudo, *Health.mil*

The Defense Department's unrivaled investment in face transplant research has produced extraordinary results that have the potential to transform modern medicine.

Nearly a decade ago, the Defense Department began collaborating with civilian clinics to research and advance face transplant surgery to eventually help service members with devastating combat injuries from fighting in Iraq and Afghanistan.

"We want to get them as close to how they were before they got injured," said Dr. Michael Given, program officer at the Office of Naval Research in Arlington, Va.

Face transplant surgery, first performed in France in 2005, offers a promising solution. The surgery goes far beyond the traditional techniques of facial reconstruction. The entire face of a deceased donor -- skin, muscle, fat, nerves, blood vessels, bone and even teeth -- is removed and then used to restore the patient's disfigured face.

The difference in patients before and after the surgery is vastly different, said Dr. Bohdan Pomahac, who has led five face transplant surgeries at Brigham and Women's Hospital in Boston, Mass. With these surgeries, doctors can "replace the central part of the face in one operation to an extent I could never dream about," he said. "Patients who had no solution before now have something."

"The face is the mirror to our souls, not only because we show expressions on our face ... but also because most of our senses are harbored in the facial area," he added. "I always say these are not life-saving, but life-giving surgeries."

Successful face transplant operations are only the beginning for what the Defense Department officials and their civilian counterparts hope to achieve. Their continued research into face

transplants could potentially solve even bigger medical problems.

"We are onto something that is remarkably interesting, remarkably novel and truly cutting edge," Pomahac said.

Just 24 face transplant surgeries have been performed worldwide, with seven occurring in the United States, primarily on civilian patients.

The U.S. surgeries, largely funded by the Defense Department, were performed at Cleveland Clinic in Ohio, Brigham and Women's Hospital, and the University of Maryland Medical Center in Baltimore, Md.

"None of this would have been possible without the vision and leadership of the Defense Department," Pomahac said. "The military has absolutely played a critical role. "There are no other [funding] sources available for clinical research on face transplant surgery other than them."

In 2008, the Cleveland Clinic performed the largest and most complex face transplant at the time, replacing 80 percent of a woman's face. The Armed Forces Institute of Regenerative Medicine funded the 22-hour procedure. AFIRM is managed and funded through the U.S. Army Medical Research and Materiel Command (MRMC) with additional funding from other military research branches, and public and private funds. The clinic continues to receive funding from the institute and is currently evaluating potential candidates for the surgery.

The Brigham and Women's Hospital has completed the lion's share of face transplant surgeries, with Pomahac leading the first partial face transplant in 2009 on Jim Maki, who had suffered electrical burns on his face. Pomahac also performed the first three full face transplants in the United States in 2011. The patients were Dallas Wiens, who lost his face in an accident, Army

Veteran Mitch Hunter, who sustained facial damage from electrical wire, and Charla Nash, whose face and hands were mauled by a chimpanzee. He completed a fifth face transplant earlier this year on Carmen Tarleton, who was severely burned after an attack by her estranged husband.

Pomahac said that all of his patients have done "remarkably well" and have experienced "a lot of positive social outcomes." These include reconnecting with family, getting married and pursuing new hobbies that integrate them back into society.

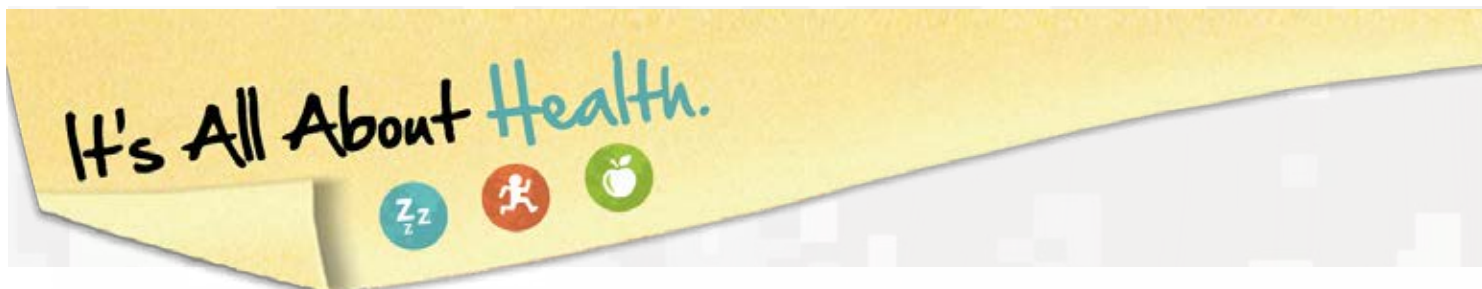
While the first facial surgery Pomahac performed was covered by the hospital, the last four surgeries at \$250,000 apiece have been paid for by a \$3.4 million grant from AFIRM. The Biomedical Translational Initiative provided funding to support the hospital's research efforts. The hospital has received additional funding from the institute for six more surgeries.

Three patients have already been chosen but are on a waiting list for suitable donors.

The Defense Department intends to continue funding immunosuppression research and collaborating with civilian medical centers to perform more face transplant surgeries.

"We want to keep making gains and take care of injured folks who do not have real good conventional options," Martin said. "We are actively involved in research and science that will help out not only injured service members, but other folks who are victims of trauma."

Service members interested in face transplant surgery should contact Walter Reed National Military Medical Center to get evaluated as potential candidates. Inactive duty and retired service members are also encouraged to call.



## ●●● Patient Recognition Month “Partners in Health”

National Patient Recognition Week is celebrated the first week of February each year with Feb 3, 2014 being National Patient Recognition Day. While the entire month of February has been designated as Patient Recognition Month by Army Medicine, we value our patients throughout the year. The intent is to reinforce our partnership with our

Soldiers and other beneficiaries; reaffirm that we appreciate their sacrifices and contributions, and emphasize that we care about their overall well-being by helping them impact their Lifespace to improve their health. Army Medicine is committed to synchronizing our military healthcare efforts and redefining the patient care experience

while continuing to create a System For Health built on a foundation of trust. We make the biggest impact on health by helping beneficiaries make better choices and getting quality sleep, engaging in activity, and improving nutrition.

## ●●● Specialist Corps’ Optimization of the Performance Triad: From Garrison to the Battlefield

By Lt. Col. Robert D. Montz, Medical Readiness Officer, FORSCOM Surgeons Office

The global shift in healthcare towards prevention and the physical, mental, and emotional demands placed on Soldiers emphasize the critical need to focus on performance, wellness, and the health of the force. With the myriad of humanitarian, disaster relief, and combat deployments, how Soldiers eat, sleep, and remain active significantly impact the overall readiness and capability of our Army. The Army Medical Specialist Corps (AMSC) or the SP Corps has optimized this capability during the last 12 years of war and are key contributors to the Army surgeon general’s Performance Triad which is an Army initiative aimed at optimizing Sleep, Activity, and Nutrition.

The SP Corps, consisting of occupational therapists, physical therapists, dietitians, and physician assistants, are perfectly situated to address these skills during all phases of the Army Force Generation (ARFORGEN) cycle. The SP Corps is currently making

strides in these areas with a multifaceted approach to readiness and human performance optimization that includes injury prevention, nutrition, and mental fitness. The Performance Triad’s intent is to optimize the quality of life of Soldiers and Families and to ensure a fit and ready force. The Performance Triad is a comprehensive, multidisciplinary team approach that ultimately leads to enhancing the readiness and resilience of our armed forces. The SP Corps is built to spearhead, facilitate, and lead this initiative.

The SP Corps will ensure premium healthcare is being delivered in a timely and efficient manner in the areas of resilience, human performance, nutrition, and sleep. With physical therapists and physician assistants assigned at the unit level, they better understand and appreciate the environment in which the Soldier operates. This understanding enables the SP Corps to better leverage the medical system to serve each unit in

order to maximize the overall operational readiness of the unit. This knowledge will allow the SP Corps to begin to change the mindset and mentality of the Soldier and in turn, meet the surgeon general’s intent of the Performance Triad. There is no other Corps in the military better suited to implement these initiatives than the SP Corps.



Sgt. 1st Class AC Bryant III coaching Sgt. 1st Class Frederick McDuffy, the second place winner of the Performance Triad Nutrition Challenge.



It's All About Health.



## ●●● Fit To Win: Your Free Pentagon Wellness Program

In the middle of the DiLorenzo TRICARE Health Clinic (DTHC) in the Pentagon lays a gold mine of information and activities aimed at assisting Pentagon employees in living a healthier life.

The Fit To Win Wellness Clinic, established back in the late 1980s to operationally implement the Army's health promotion regulation, over the years, courses have been added and altered to adapt to the military's progressing wellness programs. These courses include Healthy Base Initiative, Operation Live Well, and the Army surgeon general's Performance Triad.

Nutrition and exercise are the foundations of this health promotion program and Fit To Win offers several classes and activities that will help participants enhance their fitness levels, quit smoking and using tobacco,

recognize and manage potential health issues, and achieve a healthy weight.

**Tobacco Cessation** – It's not a secret that a smoke- and tobacco-free life is a healthier life. The three-part Tobacco Cessation class, "Quit to Win" will arm you with the tools you need to quit for life. Active duty service members will also get the opportunity to meet with a provider to discuss prescription assistance for quitting tobacco. Visit the DTHC website for monthly class schedules.

**Exercise** – Fit To Win offers an array of tests to ensure you are functioning at your best when you exercise including Aerobic Capacity testing, Lactate testing, Corrective Exercise screening, Ultrasound Bone Density testing, and Body Composition testing using the Bod Pod which will measure your weight and body fat. Fit To Win also

offers a Running Gait assessment that assists with finding the right running shoe based on the results from tests that measure your gait, biomechanics and weight.

**Nutrition** – Eating is a necessity of life. Learn how to do it right. Fit To Win offers several classes on how to fuel your body to maximize its efficiency, plan and cook a healthy meal for you and your family, and manage weight. Visit the DTHC website for monthly class schedules at: [dthc.capmed.mil](http://dthc.capmed.mil).

*Kim Markee, a dietitian and nutritionist at the Fit to Win clinic located at the DiLorenzo TRICARE Health Clinic at the Pentagon teaches a nutrition class. Fit To Win offers several classes that help people understand how to fuel their body the right way. Class schedules can be found online at [www.dthc.capmed.mil](http://www.dthc.capmed.mil).*

## ●●● Elective Care vs. Non-Covered Care

By Katherine Rosario, Lyster Army Health Clinic Public Affairs

Lyster Army Health Clinic refers patients out to Tricare-approved network providers when specialty care not offered at the clinic is needed. It is important for patients to receive a referral and only obtain the care detailed in the referral notes to avoid extra charges not covered by the referral.

The specified care must also be received before the referral expiration date. Additional care offered by the network provider must first be approved through Tricare before scheduling an appointment.

Communication is the key to knowing if additional care recommended by the network provider is approved by Tricare. The network provider is responsible for contacting Tricare for approval of additional care not noted on the original referral.

The rules are a little different for active duty Soldiers. Soldiers referred to a network provider who wants to perform additional care for the Soldier must see their Primary Care Manager (PCM) before accepting additional care. Only their PCM is authorized to submit a new referral for additional care.

Patients are responsible for checking their [www.tricareonline.com](http://www.tricareonline.com) account to view all approved and disapproved referrals submitted on their behalf. They may also call their PCM, Managed Care, see a Tricare representative at the Tricare Service Center or call the Tricare toll-free line (1-800-444-5445) to confirm approved referrals. Contacting TRICARE or Managed Care is also how patients can resolve

# It's All About Health.



cases where a bill is received that should have been paid or otherwise covered.

Patients who receive additional care without approval will be billed for the total cost of the additional care received.

“Patients often have a procedure or additional care only to find out later that it has been denied either because it is a non-covered procedure or the provider did not provide enough information to Tricare and it wasn’t approved,” said Sharon Jones, healthcare system manager at LAHC’s Tricare Service Center. “Making sure their network provider receives approval or checking

with Tricare themselves can alleviate the financial burden of an unexpected bill.”

Non-covered care is care that Tricare will not authorize, pay for, or reimburse. Services received electively, such as cosmetic surgery, and any complications arising months or years after the surgery needing medical attention will not be covered by Tricare unless it is considered life threatening.

Tricare does not reimburse for unproven drugs, devices, or medical treatments and procedures. Services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered

illness are also excluded.

The Tricare Service Center inside LAHC has booklets available for patients interested in finding out which services may be obtained without a referral. Some clinical preventative services and mental healthcare services for Family members and retirees do not require a referral.

For a full list of what services do not need a referral visit, <http://www.tricare.mil/CoveredServices/SeeWhatsCovered/PreventiveServices.aspx>. Coverage and out-of-pocket costs may vary based on who you are and your health plan option.

## The Changing Environment of YOUR Healthcare

By MEDCOM Office of Evidence-Based Management

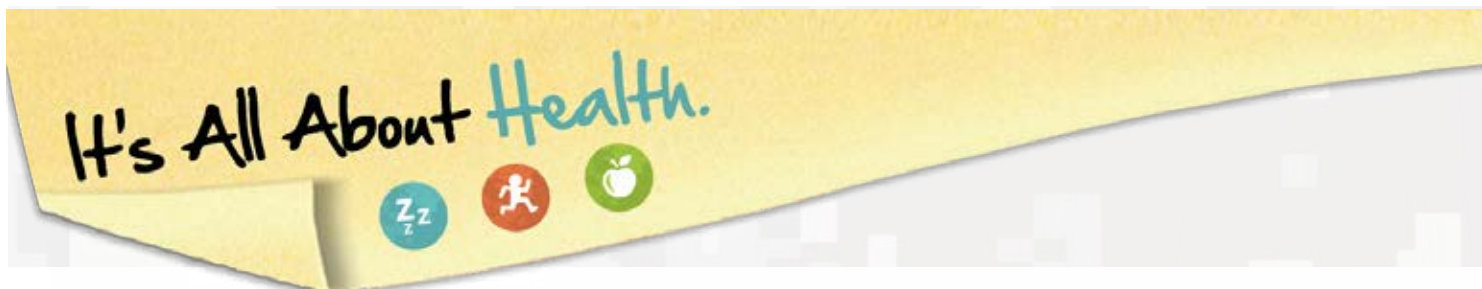
When it comes to your healthcare, who is the most important decision maker? If you said “I am” you are exactly right! Your health is greatly influenced by where you live, work and play – your Lifespace - and what you do when you are in each of those places. Healthcare team members appreciate that while you look to the Military Health System (MHS) for appointments, prescriptions, treatments, and health education, the decisions YOU make impact YOUR health. Healthcare providers and staff are important members of your team but you are at the center of that team. You determine the key decisions and the steps you will follow every day. In appreciation of your involvement in your health outcomes, Army Surgeon

General, Lt. Gen. Patricia Horoho announced that Army Medicine would move from a Healthcare System to a System For Health. The goal is to help YOU improve YOUR health!

To better serve you as a patient, healthcare team members need to use available tools and provide services wisely. Some of those tools include the VA/DOD Clinical Practice Guidelines (CPGs). Developed by subject matter experts from the Army, Air Force, Navy and Veterans Health Administration, the CPGs address the unique needs of the military population. They translate research findings into everyday applications for the healthcare team. Historically, when one moved from one installation to another, or as service members transitioned to the VA, care

varied from place to place. In an effort to change this and make care more consistent, there are now 24 CPGs available to help your provider know what the research indicates is the best care for a particular condition or disease. There are also specific materials for your provider to give you so that you and your Family are better prepared to live with the specific condition or disease covered in the CPG. Of course the care recommended in the CPG can be modified by the provider based on their assessment and your wishes. Remember, YOU are an important member of YOUR healthcare team.

A System for Health means that we recognize that you need a healthcare system that is receptive to your needs. For many in the healthcare system



this means a change in our role and relationship with you. Healthcare team members need to provide care differently than in the past. We will encourage and empower every Active Duty Service Member (ADSM) to optimize their own health and ask questions if they have any concerns so that they are able to perform at their peak. The same holds true for Retirees and Family members so that they can enjoy the best health possible. It is recognized that sleep, activity, and nutrition play an important role in your health. Management of these three life activities is a means to optimize health and performance. In order to improve your health, it is important that you are proactive in identifying and modifying unhealthy behaviors, such as tobacco use, alcohol abuse and misuse of medications, not to mention

overeating, not getting enough sleep or being sedentary. Become actively involved in your care! Ask questions! Be informed! Work with your healthcare provider to let them know what YOUR goals are and what you see as barriers to improving your health. Your healthcare team is available to help you in these and other areas, regardless of your current health status.

Across the Department of Defense there have been a variety of programs and services implemented to help you live healthier. There are new wellness programs available in the military treatment facilities and across military installations. Most of the clinics now have embraced the Patient Centered Medical Home model – which is focused on you and your Family. Community Based

Medical Homes are now open in many locations. Additionally, most installations have services available in the unit setting where Soldiers work. Innovative programs available to help you “closer to home” include Relay Health. Relay Health, Army Medicine’s Secure Messaging Service (AMSMS), allows you to communicate with your healthcare team electronically. You can use it to request medication refills, ask health related questions, get lab results, and more. Inquire as to how you can sign up for it at your next clinic visit. While you are there, ask for more information about how you may become involved as an active member in YOUR healthcare! Also visit: [www.armymedicine.mil](http://www.armymedicine.mil).



Members of the MEDCOM Office of Evidence-Based Practice (Front row, L to R) Marjory Waterman, CPG and medical management consultant; Ernest Degenhardt, chief, EBP; and Corinne Devlin, chronic disease consultant. (Back row, L-R) Bob Galarpe, warehouse manager; Jose Gracia, IT specialist; Dr. James Sall, chronic disease consultant; and Culver Washington, administrative officer. Not photographed Evelyn Patterson, population health consultant. (U.S. Army photo by Valecia L. Dunbar)



It's All About Health.



## ●●● TRICARE Ends Walk-in Admin Services at 189 Facilities

By Jim Garamone, American Forces Press Service

TRICARE military health plan service centers will end administrative walk-in services in the United States on April 1, Pentagon officials say.

While the 189 facilities will stop taking walk-ins, beneficiaries can accomplish any administrative task online or by phone, said Pentagon spokesman Army Col. Steve Warren.

TRICARE service centers overseas are not affected, Warren said.

"The change will not – let me repeat that – will not affect any TRICARE medical benefit or healthcare service," he emphasized. "What it will do is allow the department to save \$250

million over the next five years, allowing TRICARE to invest in more important services."

Fifty percent of the visits to the centers are for in- and out-processing and requests to change primary care providers, and the rest involve billing-related questions, officials said. The Defense Department spends roughly \$50 million a year on these services, and this type of customer service can be handled more efficiently by phone or online, they added.

TRICARE gets about 38,000 hits per day on its website. Officials have run tests to ensure the website and call

center can handle the expected increase in volume.

The TRICARE service centers have been around since the 1990s, and contractors staff them, Warren said. "This is being driven by the fact that technology has gotten so much better," he added. Customers who need the type of assistance that was being done in these walk-in service centers can quickly and efficiently receive help online or via phone, he said.

Beneficiaries can get more information and sign up for updates at <http://www.tricare.mil/tsc>.

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# SYSTEM FOR HEALTH.

## Academy of Health Sciences Graduate School 3rd Annual Research Day

By Phil Reidinger & Esther Garcia, AMEDDC&S Communication Office

For the first time, military and civilian researchers (and graduate students) within central and southern Texas gathered at the Army Medical Department Center and School on Dec. 11 for the Academy of Health Sciences Graduate School, 3rd Annual Research Day to share healthcare research findings and build new collaborations.

Civilian academic organizations participating in this one-day event included the University of Texas at San Antonio; University of Texas Health Science Center at San Antonio (UTHSCSA); University of Texas School of Public Health; University of the Incarnate Word; St. Mary's University; Texas State University; Texas A&M University; and Baylor University.

Research day began with event registration and remarks by Col. Josef Moore, dean, AHS Graduate School, and Maj. Gen. Steve Jones, commanding general, Army Medical Department Center and School followed by keynote speaker, Col. Russ Kotwal, director, Trauma Care Delivery, Joint Trauma System, U.S. Army Institute of Surgical Research.

Participants then attended several break-out sessions. Presenters from the Air Force, St. Mary's University, Texas State University, UTHSCSA, and University of the Incarnate Word covered topics on forming effective military and civilian academic



research collaborations, conducting interprofessional education and research, and other key research topics of interest.

Military and civilian researchers presented a total of 26 posters that covered subjects such as: A Direct Observational Study Evaluating Prehospital Medical Documentation of a Simulated Combat Casualty by Military Medical Providers; Effects of Tetrahydropalmatine on PTSD-induced Changes in Rat Brain Gene Expression; The Application of Moral Hazard in Healthcare: Gaps in Moderating Variables and Relative Benefits; Relationship between Time of Day Tested and Lumbar Spine Strength and Endurance; and Prevalence of Abnormal Serum Lipids Among

Overweight and Obese Soldiers. The Effects of Epinephrine and Vasopressin on Survival from Cardiac Arrest Following Desipramine Overdose in a Porcine Model presented by Don Johnson, director, AHS Graduate School Program, director of research won for Best Poster Presentation.

Development of a Traumatic Brain Injury Assessment Score using Novel Biomarkers Discovered Through Profiling presented by Maj. John Buonora, Emergency Medicine, received the Best Platform presentation award.

Dr. Leslie LaRo Hayes, Marriage and Family Therapist, St. Mary's University, said, "I am very excited to be here. I was able to see the medical side and hear the different views and conversations of the various topics."

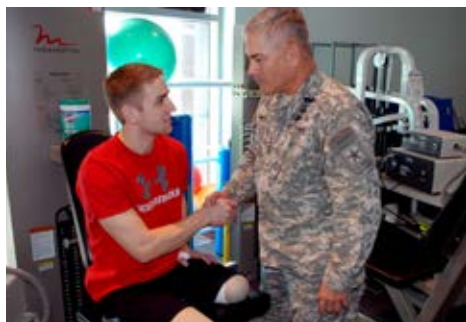


## Defense Secretary Chuck Hagel



Defense Secretary Chuck Hagel conducts a town hall meeting at the Center for the Intrepid Jan. 8. During his first official visit to Brooke Army Medical Center, Hagel visited with wounded service members, presented coins to outstanding staff members and spoke at a town hall meeting at the CFI. (U.S. Army photo by Robert Shields)

## Gen. Campbell Presents Coin



Vice Chief of Staff of the Army Gen. John F. Campbell, who is the second highest-ranking officer within the Department of the Army, presents a coin to Army Sgt. Joshua Hargis during a visit to Brooke Army Medical Center's Center for the Intrepid Jan. 3. Campbell's visit also included a leadership forum, bedside Purple Heart medal presentations, visits with several Wounded Warriors in the medical center and recognition of several outstanding BAMC staff with coins. (U.S. Army photo by Robert Shields)

## Gifted Students from Barsanti Elementary School visit Blanchfield Army Community Hospital



Gifted students from Barsanti Elementary School listen to Blanchfield Army Community Hospital's Laboratory Manager Maj. Anne Sterling at Fort Campbell, Ky. as she explains the many ways lab staff members help medical providers diagnose and treat patients. (U.S. Army photo by Laura Boyd)



Blanchfield Army Community Hospital's blood bank technician Warren Myers shows gifted students from Barsanti Elementary School how blood is matched from donors to recipients at Fort Campbell, Ky. Gifted Resource Program teacher Sylvia Crawford brought the gifted students to BACH's laboratory to help the children gain a hands-on learning experience to bolster their education outside the classroom setting. (U.S. Army photo by Laura Boyd)



## Public Health Educational Affiliation between Texas A&M School of Rural Public Health and Academy of Health Sciences at the US Army Medical Department Center and School

By Maj. Rosemary Wosky, AMEDDC&S

Due to the changing nature and challenges our military personnel are facing related to public health around the world, the U.S. Army Medical Department Center and School (AMEDDC&S) has developed a collaborative educational public health affiliation with Texas A&M School of Rural Public Health. For the past five years, the Texas A&M Health Science Center, School of Rural Public Health has worked with the Department of Preventive Health Services at Fort Sam Houston to develop an educational affiliation that awards graduate degree credits to selected Department of the Army Officers and Civilians for a Military Preventive Medicine Program of Instruction. The program, funded by the Department of Defense, was renewed recently for an additional five years through 2018.

Based at Fort Sam Houston in San Antonio, Texas, the AMEDDC&S provides all public health and preventive medicine training to the U.S. Army. This continuing agreement with the Texas A&M School of Rural Public Health allows military students to earn 12 graduate-level college credits after completing the Principles of Military Preventive Medicine Course in the Department of Preventive Health Services.

“This has been an outstanding program and we have developed a great relationship with the School of Rural Public Health over the past five years,” states Col. Mustapha Debboun, director of the Department of Preventive Health Services at Fort Sam Houston. “It is our hope that this program will continue for a long time.”

While the Army training is tailored to military populations, the collaboration and affiliation with the Texas A&M School of Public Health lays a foundation of core public health knowledge that may be translated into any setting. Military students continue to earn graduate-level credit hours toward completion of a Master of Public Health (M.P.H.) degree. Students learn the latest in core public health skills, including health policy and management, epidemiology and biostatistics, environmental and occupational health, industrial hygiene, health promotion, community health, preventive medicine, and public health sciences.

“The affiliation of the School of Rural Public Health and the AMEDDC&S represents a collaborative vision that provides the Army with an accredited public health professions curriculum and an opportunity for joint research



endeavors with a major health-related academic and research institution,” states Antonio Rene, Sr. associate academic affairs dean at the Texas A&M School of Rural Public Health. “The collaboration of Army, Navy and Air Force medical training centers at the AMEDDC&S as part of the military’s Joint Medical Training Center will also serve to strengthen the relationship with the School of Rural Public Health.”





# Cross Training to Save Lives

By Erin Longacre, ASBP Blood Donor Recruiter, Fort Gordon, Ga.

There are many critical steps involved in collecting blood products and getting them to patients in need. Each part of the process requires that dedicated professionals be trained and ready at a moment's notice. When an emergency arises, staff must be able to respond quickly to the need.

The Kendrick Memorial Blood Center at Fort Gordon, Ga., like other Armed Services Blood Program's blood donor centers, takes great care and pride in ensuring that team members be trained to work in multiple areas in support of collecting blood for our service members and their Families. Staff members are proficient in doing everything from registering donors' demographic information in the computer system, to checking donors' vital signs, to performing the phlebotomy procedure.

However, the process of getting volunteer blood donors in the door and successfully collecting their blood is just the tip of the iceberg.

After a unit of blood is donated, it must be tested, processed into components, and properly labeled and shipped. Several layers of review are required to ensure that the donation information, quality control measures, and blood testing results are accurately recorded. Once everything is verified to be safe and correct — a process commonly called “lot release” — the staff can then start the unit on its way to its destination.

Staff members at the Kendrick Memorial Blood Center are taking more steps than ever towards quality care for those who need blood products fast by increasing cross-training in packing and shipping blood. Their normal operations include sending blood downrange several times weekly,

and to military medical facilities — most notably, the Dwight D. Eisenhower Army Medical Center which is just a few minutes away. The Eisenhower Army Medical Center's blood bank maintains a supply on hand at all times, but occasionally a patient who is actively bleeding can exhaust that supply.

Rozita Hunter, a medical laboratory technician who regularly acts as a member of the collection team as well as working in the lot release and shipping section, was recently training two Soldiers and helping them become more familiar with the process so that they can be on-call for emergencies.

“Often we need to ship blood products over to the hospital quickly, sometimes in the middle of the night or on a weekend,” Hunter said. “When the call comes, Kendrick personnel need to get to the donor center as soon as possible to get the required products from the refrigerators, prepare them properly for shipment, and update the computer tracking system to maintain accountability for every unit.

“Having someone on-call who lives on post is key, because in an emergency they could be here in five minutes instead of thirty, for example,” Hunter

continued. “We need to have every available option in an emergency situation. Taking away factors like distance, traffic, and possible post gate closures could make a big difference if time is of the essence.”

In addition to providing immediate support for ill or injured patients, the Kendrick Memorial Blood Center must be prepared to respond to an event like a disaster, disease outbreak or mass casualty.

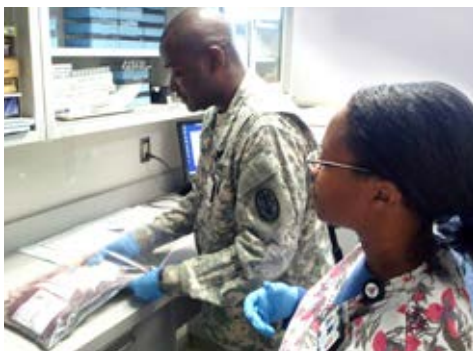
“The more staff members (who) are proficient in every area of our operations, the better prepared we will be in the event of any kind of emergency,” said Sgt. Miguel Cruz, noncommissioned officer-in-charge of component processing.

Cruz, who has been mobilized in support of the Armed Services Blood Program since 2010 at both Fort Gordon and at the Landstuhl Regional Medical Center in Germany, has seen plenty of emergency situations arise.

“Our mission never stops,” Cruz said. “That's why we need to be available at a moment's notice, 24 hours a day, seven days a week.”

Want to help keep blood supplies available for those in need? You can help ensure preparedness by giving blood, plasma, or platelets at your local ASBP center!

To find out more about the Armed Services Blood Program or to schedule an appointment, please visit us online: [www.militaryblood.dod.mil](http://www.militaryblood.dod.mil). To interact directly with some of our staff, see more photos or to get the latest news, visit us here: [www.facebook.com/militaryblood](http://www.facebook.com/militaryblood), [www.flickr.com/militaryblood](http://www.flickr.com/militaryblood) and [www.twitter.com/militaryblood](http://www.twitter.com/militaryblood).



Medical Laboratory Technician Rozita Hunter trains Spc. Francis Koroma on the preparation and shipment of blood products at Fort Gordon's Kendrick Memorial Blood Center.



# New Bed Net Scores High Marks Against Mosquitoes

By Merrie Aiken, Senior Technical Writer, USAMMDA Medical Support Systems Project Management Office

A long-lasting dual insecticide-impregnated bed net developed by the U.S. Army Medical Materiel Development Activity's Medical Support Systems Project Management Office (MSSPMO) at Fort Detrick, Md., scored high marks in effectiveness during recent chamber testing with uninfected mosquitoes.

Results showed that mosquitoes will not survive exposure to the treated bed net fabric, thereby reducing Soldiers' exposure to diseases such as malaria, Japanese encephalitis, and dengue and yellow fever viruses.

MSS PMO worked with Triton

Systems, Inc., under the Army's Small Business Innovation Research Program, and collaborated with Walter Reed Army Institute of Research to develop the treated bed net prototype, known as Egret.

When testing concluded, a computer program calculated the percent of three types of knocked down and dead mosquitoes exposed to the dual insecticide-treated bed net and an untreated control bed net over time.

"The Egret treated bed net passed all requirements," said Robin Todd, executive director of i2L Research, the Baltimore-area laboratory

that conducted the tests following Environmental Protection Agency-approved protocols.

"The working prototype introduced a dual impregnation of deltamethrin and permethrin," said Alan Harner, MSS PMO product manager. Harner explained that various mosquito species show resistance to permethrin alone, potentially endangering Soldiers deployed in endemic regions such as Korea and Afghanistan.

"There is a critical need for the dual insecticide-impregnated bed nets in Korea," said Steve Hawbecker, MSS PMO project manager, "because of mosquito-borne malaria in the demilitarized zone and Japanese Encephalitis in southern regions." Hawbecker said that more than 28,000 U.S. military are stationed in South Korea.

Because of the dual insecticides used, the bed net must meet all the requirements for EPA registration. Arjan Giaya, vice president of technology for Triton Systems, Inc., suggested that there may be other uses for insecticide-treated fabric, once EPA registration is achieved.

The next step is approval by the Armed Forces Pest Management Board to receive a National Stock Number, or NSN. Having an NSN means the Department of Defense may procure bed nets for deployed forces.

The Egret bed net is simple in design, weighs little more than 3 pounds, allows the user to sit up on a standard or oversized cot, and provides better ventilation using a larger mesh size. The bed net would be carried in a small pouch attached to a Soldier's backpack.



A Soldier demonstrates a dual insecticide-impregnated bed net prototype. (Photo courtesy of USAMMDA PAO)

# Pacific Regional Medical Command (PRMC) NCO Induction, SAMC Award Recognition Ceremony

By Staff Sgt. Maurice Riggins, Tripler Orthopedic Clinic NCOIC



On November 14, 2013, Command Sgt. Maj. Robert Luciano, (far left), Sgt. 1st Class Susanna Kitchen, (center) and Col. Jennifer Bedick (far right), welcome Sgt. 1st Class Kitchen into the ranks of the prestigious Sergeant Audie Murphry Club. Sgt. 1st Class Kitchen was recognized for her outstanding leadership ability and her testament of continued growth as a leader. Tripler Army Medical Center also inducted thirteen newly promoted Sergeants into the time honored United States Army, Noncommissioned Officer Corps. Induction into the noncommissioned officer corps is a long lived tradition that instills pride and distinction. Those inducted have proven through their performance that they are prepared to take on the increased responsibility and know that learning is part of leading.



(U.S. Army photo by Capt. Eren McBride)



# Wounded Troops Rev Up to Restore Cars, Lives

By Elaine Sanchez, Brooke Army Medical Center Public Affairs



Army Veterans Chris Leverkus and Vic Hash talk with Soldiers from BAMC's Warrior Transition Battalion during the grand opening of the Automotivation program in northeast San Antonio. Behind them is a hybrid vehicle wounded service members put together, then dubbed "The Beast." (U.S. Army photo by Robert Shields)

Wounded troops soon will be trading their rifles for wrenches as they gear up to participate in a newly launched car restoration and repair program dubbed Automotivation.

After more than a year without a site, the program raised the garage door on its new location in northeast San Antonio during a grand re-opening on Dec. 9. Through the program, seasoned mechanics share their automotive savvy with wounded service members from Brooke Army Medical Center and with Veterans from throughout the city.

"Working on cars is good physical and mental therapy," said Janis Roznowski, director of the nonprofit Operation Comfort, which sponsors the program. "It teaches them skills they can take into the world and offers them a safe place to open up to others who understand what they're going

through."

Roznowski dreamed up the idea for an automotive skills/therapy program in 2006 after visiting a Soldier recovering at BAMC whose hands had been badly burned in Iraq. "He said he hoped his hands would be well enough to work on a car with his dad when he returned home," she recalled. "He was worried about disappointing his father. I wanted to help in any way I could."

Roznowski had already launched a number of successful sports programs, including sled hockey and cycling, but decided to shift in a different direction. She rented a garage, loaded it with two donated project vehicles — a 1984 Ford Bronco and a 1954 Dodge Power Wagon — and asked Army Veteran Chris Leverkus to oversee the program.

Leverkuhn, who had lost his right leg

below the knee in a blast in Iraq, drew from general automotive knowledge and dove right in to help. First up was helping a group of wounded service members tear down the Bronco. Rather than build it back up, they opted to pull the body off of the Dodge and put it on the Bronco's frame. "It took a core group of 15-20 guys, plus at least a 100 more who were hands-on in some way, five years to build," he said.

This hybrid of vehicles, now fondly referred to as "The Beast," was on hand at the grand opening — as was their next project, a donated 1966 Cobra kit car built from the ground up in two years. Leverkus proudly showed off both cars to a group of Soldiers and Veterans who had turned out for the ceremony. He raised the

hood of the Cobra as Army Staff Sgt. Troy Drebenstedt, of BAMC's Warrior Transition Battalion, checked out the tricked-out engine.

However impressive, these automotive transformations are nothing compared to the transformation he has seen within the wounded service members, Leverkuhn said. Through the program, "guys went from being quiet and antisocial to talking to anyone about anything and becoming great peers to fellow service members," he said. "We saw quite a few who realized they could do a lot more than they initially thought."

Army Veteran Vic Hash credits the program with helping his own and countless others' recovery. Hash, injured in Afghanistan in 2010, was being treated at BAMC when he first heard about the auto program. The experienced mechanic and welder, who rebuilt his first engine on a farm at age 12, pitched right in to help and is now the program's lead mechanic.

"Guys would come in without arms and ask to learn to weld or to woodwork," he recalled. "We'd figure it out. It helped me, and I know it helped others, get our minds off of the negative stuff."

He recalled a wounded Sailor, a double amputee with severe burns, who stopped by the garage week after week for six months – but only to observe. "He eventually came up and wanted to help," Hash said. They gave him a modified wheelchair so he could work on an engine and he stuck with the program for months.

"The last time I saw him, he was on his trike working out, sweating, engaging," he said. "That's the point-to get these guys re-engaged in life. Instead of sitting at home playing a video game, being an introvert and bored and angry, they're out there

doing something."

Now housed in their new site, Leverkuhn and Hash said they're revved up for a new influx of budding car enthusiasts.

They already have a project lined up: the restoration of a World War II-era WC-54 Army ambulance that belongs to the Army Medical Department Center for History and Heritage here. Along with the 1942 Dodge Power Wagon, AMEDD will also pass on a second Dodge for parts.

"This is a great opportunity to help wounded service members learn auto skills and also help preserve history," said retired Army Col. Bob Driscoll, chief of the AMEDD Center for History and Heritage.

"It's a massive undertaking," Hash noted. "We're going to completely take it apart and restore it, down to the paint and original markings. Once we get it up and running, we'll give it back to the [AMEDD] Museum."

Lt. Col. Eric Edwards, BAMC Warrior Transition Battalion (WTB) commander, said he's expecting a few dozen Soldiers to initially

join. The WTB, he explained, is completing a contract that will allow Automotivation to be recognized under the Career, Education and Readiness Program, which provides work studies, educational opportunities and internships for medically eligible Soldiers.

"Given that the AMEDD Museum is contributing a World War II vintage ambulance to be repaired – our contract will recognize this project as another CER opportunity," he said. "The therapeutic benefits and socialization gained in this type of environment will certainly prove to have a positive impact during their rehabilitation phase of transition."

Hash said he's simply looking forward to getting back under the hood again. "It's a huge mental boost to see a service member learn how to do something that they thought they couldn't," he said, "to see a guy with no arms doing woodwork with a huge grin on his face."

Above all, the service members are not just restoring vehicles, he said, "They're restoring themselves."



Army Staff Sgt. Troy Drebenstedt, of BAMC's C Company, Warrior Transition Battalion, peers under the hood of 1966 Cobra kit car during the grand opening of the Automotivation program in northeast San Antonio. (U.S. Army photo by Robert Shields)



## USAPHC Ergonomist gets all shook up

By Jane Gervasoni, U.S. Army Public Health Command

If you have ever ridden in a military helicopter, you have felt the vibration that seems to shake your whole body during even a short trip. What happens to the aircrew and passengers who are exposed to prolonged and repeated whole-body vibration?

The U.S. Army Public Health Command (USAPHC) Ergonomics Program studied this question when asked to collect vibration data on the UH-60 M Blackhawk and the UH-72A Lakota helicopters by the Vermont Army National Guard.

Coordinating the requirements to conduct the study took more than eight months and mountains of paperwork. While the data from the study hasn't been completely analyzed yet, it ultimately will allow researchers to assess whether there are health impacts to aircrews and how to reduce those impacts. As well, this project is attempting to jump-start a program that will ultimately collect vibration measurements from all military rotary-wing aircraft that other researchers, laboratories and equipment designers can use, according to Steven Chervak, USAPHC ergonomist.

"The ability to collect whole-body vibration data on an aircraft has been an exercise in collaboration," said Chervak. "The cooperation among the Army, Air Force and Army National Guard (ARNG) to collect this data has been extraordinary. It was a real team effort."

Team members including the Program Executive Office Aviation, Utility Helicopter Division, Redstone Arsenal, Ala., the ARNG and the Air Force Research Laboratory at Wright-Patterson Air Force Base, Ohio, and Chervak worked together as they prepared to collect data.

"Before we could even begin collecting data, we had to demonstrate the air-

worthiness of our equipment. We had to prove that the testing equipment would not adversely affect either the aircraft or the crew," said Chervak.

Team members demonstrated how the equipment would be attached to both the helicopter and the members of the aircrew to measure vibration at the seat and on the helmet without interfering with safety of the crew or passengers.

"Ken Forsythe, an industrial hygienist with the Maryland ARNG, wanted us to target musculoskeletal pain, including low back pain, and discomfort reported by members of aircrews," according to Chervak. "We installed equipment to measure vibration and flew on the helicopters to observe posture changes among crew members in flight. We also looked at how their postures changed during day and night missions because of flight conditions and additional equipment such as night vision goggles."

Concern about musculoskeletal pain and discomfort is not new among military flight crews. Navy aviation reports have indicated that back pain can even affect situational awareness in pilots and crew members.

Suzanne Smith, senior biomedical engineer with the Air Force Research Laboratory, directed the vibration data acquisition and will continue to work with USAPHC to share information and improve aircraft seat properties, explained Chervak.

"The number of hours pilots and aircrew are in the air has increased during deployments, and low back pain can interfere with mission accomplishment. Members of aircrews sit in one position for long periods, which can hinder blood flow, causing additional concerns," according to Chervak.

Vibration doesn't just affect the aircrews of helicopters. Many patients



Steven Chervak, U.S. Army Public Health Command ergonomist, notes aircrew postures and collects vibration data during a Blackhawk flight. (U.S. Army photo by Lt. Col. Patricia Hammond, Vermont Army National Guard)

are transported by helicopter and subjected to vibration as well. Often, patients are not seated, but strapped on stretchers attached directly to the floor of a helicopter. Measuring the vibration they experience can provide information that will lead to better methods of transporting patients.

"The information we are collecting with the help of our partners will provide insight into occupational exposures and provide additional data for research," Chervak explained. "We are hoping to be able to perform additional testing on other types of helicopters and contribute to the redesign of seats and equipment to help eliminate or limit the occupational hazards of flying in helicopters."

"Information collected in our studies has the potential to affect not only military, but also civilian helicopters that transport patients to hospitals," he said. "This is a great opportunity to demonstrate the importance of ergonomics and to provide a real service in support of our Soldiers."

# BRDSS Team Earns AMEDD Wolf Pack Award

By Steven Galvan, USAISR Public Affairs

The U.S. Army Institute of Surgical Research Burn Resuscitation Decision Support System Team was selected as the winner of the prestigious U.S. Army Medicine Wolf Pack Award for the first quarter of fiscal year 2014.

“The Institute of Surgical Research was recognized for their development of the Burn Navigator, a FDA-approved device that allows burn patients to be more safely managed,” Army Surgeon General and Commanding General of the Army Medicine Command, Lt. Gen. Patricia D. Horoho stated in a message congratulating the winning team. “This technology is first-of-its-kind [and] assists clinicians

with decision making when managing fluid resuscitation of the severely burned patient.”

According to USAISR Director of Research David G. Baer, Ph.D., the Burn Navigator, also known as the Burn Resuscitation Decision Support System-Mobile, is the only medical device to ever start as a research project within the U.S. Army Medical Research and Materiel Command, and then go through advanced development, FDA clearance, and exit the decision gate process into fielding. Baer added the BRDSS-M fully has transitioned to Full Rate Production, which means the device has been manufactured and

deployed to the field.

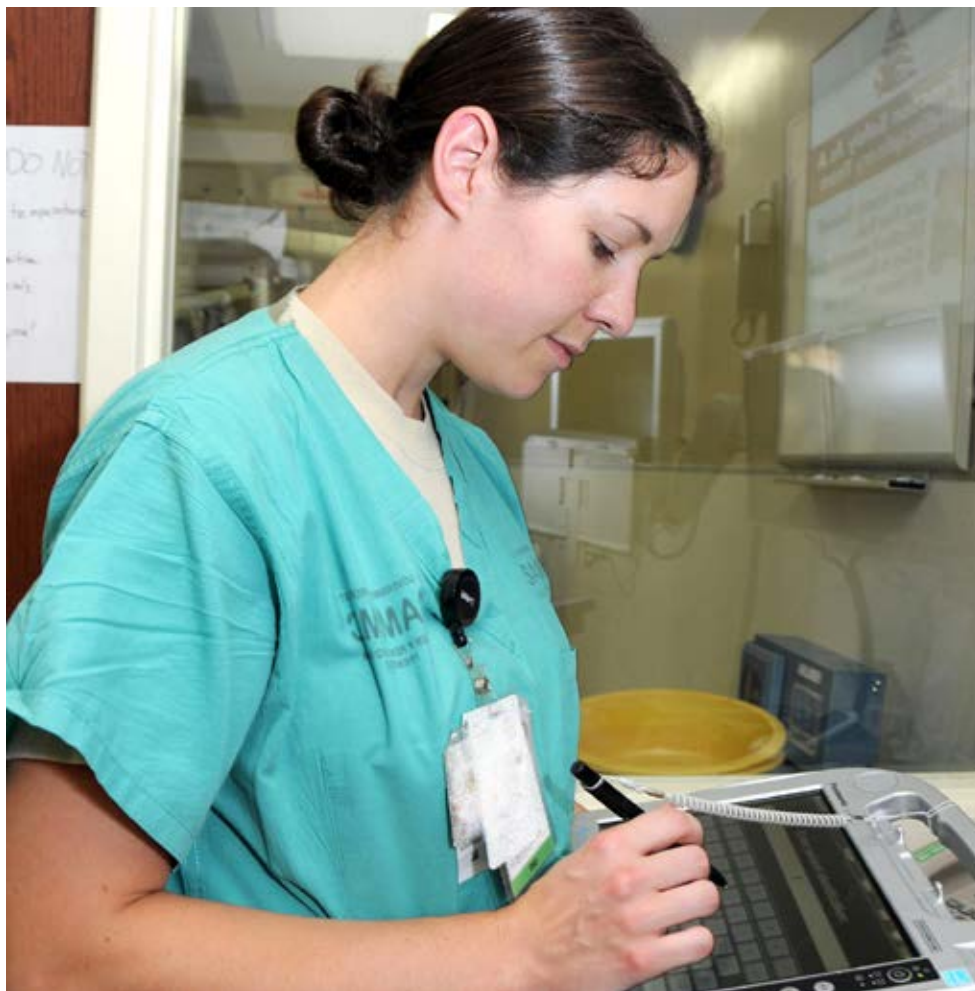
“The Army will buy and field the first nine devices, with additional purchases to follow for outfitting all units and training centers,” added Baer. In addition to military use, several U.S. Burn centers are in the process of acquiring the device to assist in treating their most challenging patients.

“We are extremely proud of the efforts of this extraordinary team,” added Col. (Dr.) Michael A. Weber, commander USAISR. “This team truly supports our mission of optimizing combat casualty care through their dedication to a device that will help save lives of those wounded on and off the battlefield.”

The original BRDSS technology was developed for use at the USAISR Burn Center Intensive Care Unit about seven years ago. USAISR Research Task Area Program Manager for Comprehensive Intensive Care Research Jose Salinas, Ph.D., helped develop the BRDSS algorithm that generates recommendations of fluid intake for burn patients. It was designed to assist in avoiding problems related to over- or under-resuscitating by medical care providers who do not routinely care for burn patients. The Burn Navigator offers the tool in a mobile tablet that meets military specifications.

“This much needed medical capability represents a huge advancement in medical science that will benefit the Army Medical Department and the nation well into the future,” stated Horoho. “Congratulations to Team ISR for its vision and outstanding achievement!”

The Wolf Pack Award is a quarterly award presented by the Army surgeon general/commanding general, U.S. Army Medical Command, and acknowledges the teamwork of Department of Defense Civilian and military healthcare teams to significantly advance Army Medicine.



Capt. Danielle Schaaf, a staff nurse at the U.S. Army Institute of Surgical Research Burn Center Intensive Care Unit, uses the Burn Navigator to input patient data. Photo by Steven Galvan.



**ARMY MEDICINE**

# **2013**

## **YEAR IN REVIEW**







# Introduction

## ABOUT THIS YEAR IN REVIEW

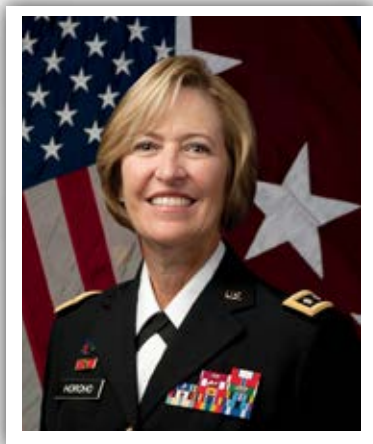
This 2013 Year in Review recaptures some of the major events occurring over the course of the past year that speaks to the mission and accomplishments of the people within Army Medicine. While not all inclusive, the product attempts to highlight the people and events that have made a significant impression on our global footprint.

## ABOUT ARMY MEDICAL COMMAND (MEDCOM)

MEDCOM is one of 11 Direct Reporting Units (DRUs) in the Army. It manages a \$13.8 billion budget and provides medical care for more than 3.94 million beneficiaries worldwide including active-duty service members, Retirees, and their Family members. The command also oversees graduate

medical education, health professional education, and medical research and innovation.

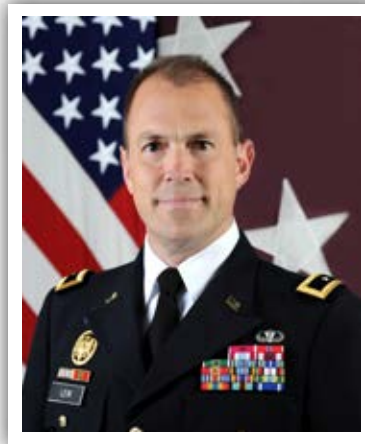
Army Medicine provides responsive services and influences health to improve readiness, save lives, and advance wellness in support of the Force, military Families, and all those



**Lt. Gen. Patricia D. Horoho**  
The Surgeon General and  
Commanding General of the  
U.S. Army Medical Command



**Command Sgt. Maj. Donna A. Brock**  
Command Sergeant Major,  
U.S. Army Medical Command



**Maj. Gen. Brian C. Lein**  
Deputy Surgeon General/  
Deputy Commanding General, Operations  
U.S. Army Medical Command



**Brig. Gen. John L. Poppe**  
Deputy Chief of Staff for Support,  
U.S. Army Medical Command and  
Chief, U.S. Army Veterinary Corps



**Brig. Gen. Patrick D. Sargent**  
Deputy Chief of Staff, G-3/5/7  
U.S. Army Medical Command



**Mr. Robert L. Goodman**  
Deputy Chief of Staff, G-8/9





entrusted to its care. Army Medicine is a seamless chain of care stretching back to fixed hospitals in Europe and the U.S., where Soldiers and others receive state of the art care. The Army surgeon general wears a dual hat as the commanding general of the U.S. Army Medical Command (MEDCOM). In addition to veterinary support provided to all Services, Army medical personnel are engaged in many joint-service

efforts. The Army's Office of The Surgeon General oversees joint field operating activities for the secretary of defense, and medical units participate in many multi-service deployments and exercises.

## Snapshot of a day in Army Medicine:

- 41,986 clinic visits
- 374 patients admitted
- 1,214 patient beds occupied
- 26,600 dental procedures
- 5,879 immunizations

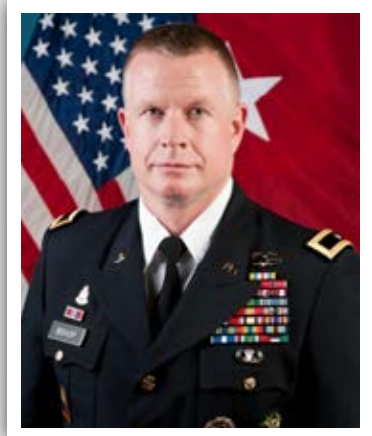
- 64 births
- 12,494 radiology procedures
- 54,048 outpatient pharmacy prescriptions
- 50,420 laboratory procedures
- 1,961 veterinary outpatient visits
- \$23.2 million worth of food inspected



**Mr. Uldric L. Fiore**  
Chief of Staff Office of The Surgeon General  
and U.S. Army Medical Command



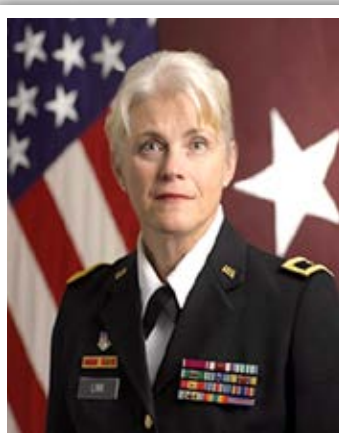
**Brig. Gen. Norvell V. Coots**  
Deputy Commanding General - Support/  
Assistant Surgeon General -  
Force Projections  
U.S. Army Medical Command



**Brig. Gen. David J. Bishop**  
Assistant Surgeon General of Warrior Care  
and Transition and Commander of the  
Warrior Transition Command



**Maj. Gen. Louis H. Guernsey, Jr.**  
Deputy Surgeon General for the  
Army National Guard



**Brig. Gen. Mary E. Link**  
ASG Force Management, Mobilization,  
Readiness & Reserve Affairs  
U.S. Army Medical Command



**Brig. Gen. David E. Wilmot**  
Deputy Chief of Staff for Readiness/  
Assistant Surgeon General for Mobilization,  
Readiness, and National Guard Affairs



# January 2013

- U.S. Army Medical Research and Materiel Command (MRMC) changed leadership on Jan. 11. Brig. Gen. (now Maj. Gen.) Joseph Caravallho Jr., assumed command from Maj. Gen. (now ret.) James Gilman. Under Maj. Gen. Gilman's leadership, "The MRMC has been changing battlefield medicine," said Lt. Gen. Patricia Horoho, U.S. Army surgeon general and commanding general U.S. Army Medical Command. "The survival rate of those wounded on the battlefield far exceeds 90 percent and continues to go up. Much of the credit for that belongs here at MRMC and to its leaders

committed to ensuring we will restore our Warriors to health."

- Injured service member Brendan Marrocco, who lost both of his legs and arms from war injuries, reveals his two new arms transplanted in a first-of-its-kind surgery performed at Johns Hopkins Hospital and funded in large part by the Department of Defense and the U.S. Army Medical Research and Materiel Command via a program called the Armed Forces Institute of Regenerative Medicine designed to bring together the world's leading scientists and physicians from academia

and industry to develop innovative medical solutions to fully restore Warriors with traumatic injuries.

- Evans Army Community Hospital team members receive the MHS Healthcare Innovations Program (HIP) award. Awardee in the category "Experience of Care" is Lydia Kreighbaum for her abstract titled: Soldier Centered Functional Restoration Program, and also awarded is Julie Gandara-Miller RPh, Clinical Pharmacist & Project Officer, Pain Clinic.

# February 2013

- During National Patient Recognition Month MEDCOM engaged in special celebrations to personally demonstrate our appreciation and gratitude to our Soldiers, Family members, and other beneficiaries.

- Army Nurse Corps celebrated 112 years.

- MEDCOM public affairs team members win Department of the Army recognition awards for excellence in public affairs. The MG Keith L. Ware Public Affairs Competition recognizes Soldiers and Department of the Army Civilian employees for excellence in achieving the objectives of the Army Public Affairs Program. Steven Galvan of MRMC received 2nd place for his personality feature article titled: "Where They Are Now: Wounded Warrior 'Full of Heart'" and Stefan Alford of ERMC won 3rd place for his story series titled: "TRICARE and Transformation." MEDCOM was awarded 2nd place in the broadcast Command Information Campaign category for the submission

titled "Suicide Prevention" by Blanchfield Army Community Hospital Public Affairs, Fort Campbell, Ky.

- The nurses of Kenner Army Health Clinic, Fort Lee, Va., marked the anniversary of the Army Nurse Corps and their more than 112 years of faithful and dedicated service in a ceremony held at the clinic on Feb. 1.

- Madigan Army Medical Center's General Surgery program, under the leadership of Col. Tommy Brown, received a five-year accreditation from the Accreditation Council for Graduate Medical Education, the highest award possible.

- Madigan Army Medical Center's Maternal Fetal Medicine program, under the leadership of Col. Pete Napolitano, received a five-year accreditation from the American Board of Obstetrics and Gynecology, the highest award possible.

- The U.S. Army Medical Research and Materiel Command (USAMRMC) completed its third Phase III clinical



study for Topical Paromomycin for the treatment of cutaneous leishmaniasis (skin sores), showing the combination cream has a cure rate of 81 percent. Cutaneous leishmaniasis has affected more than 3,000 U.S. service members since 2003, and affects millions of people in 98 countries throughout the world. USAMRMC and its partners are now working towards FDA approval, and then evaluating potential partners for manufacturing and distribution of the treatment.

- Vice President Joe Biden, Dr. Jill Biden, and Deputy Secretary of Defense Ashton Carter visit Landstuhl Regional



Medical Center (LRMC) in Landstuhl, Germany on Feb. 3. The party met with Wounded Warriors and thanked their medical caretakers. "Even if there were no Wounded Warriors here to visit today, we wanted to stop by and visit with you to say thank you for all that you do for them. What you do is truly breathtaking," said the vice president. "And, because of you, our Wounded Warriors can return home alive to their mothers and fathers, to their wives and husbands, and to their sons and daughters."

- Medical specialists from 18th Medical Command (Deployment Support) lead a joint mobile training team of specialists to the Sri Lankan Army Humanitarian Demining Unit's Camp Boo-Oya to unfold the first phase of a Humanitarian Mining Action Program that will help the Sri Lankan Army enhance its medical efforts and ability to remove mines that were left from the country's civil war.
- Brian Allgood Army Community Hospital (BAACH) receives the highest level-3 recognition for its Patient-

Centered Medical Home from the National Committee for Quality Assurance on Feb. 14. BAACH becomes the first military healthcare facility in Korea to achieve this milestone.

- On Feb. 22, the U.S. Army Institute of Surgical Research Burn Flight team set a new record for the longest continuous flight by flying for 19 hours on a non-stop flight from Singapore to San Antonio, and traveling more than 9,850 miles, surpassing its previous longest flight by more than 3,000 miles.

## March 2013

- The motto for National Brain Injury Awareness Month was "Educate, Train, Treat and Track." Maj. Sarah Goldman, program director of Army Traumatic Brain Injury at the Office of the Surgeon General Rehabilitation and Reintegration Division, emphasized that seeking help more often than not does not take a Soldier

"out of the fight." More than 13,000 service members sustained some form of concussion since 2010 and 95 percent were returned to duty.

- Enlisted Medical Corps celebrated its 126th anniversary.
- Dental Corps celebrated their

102nd anniversary with the theme "Go First Class" - reinforcing the Army's emphasis of strength to our nation, and the need to maintain the organizational stamina, individually and collectively.

- AMEDD Civilian Corps celebrated their 17th anniversary on March 26.

### U.S. ARMY MEDICAL ENLISTED CORPS *A History of Strength and Service*

**1776**  
The Army Medical Department (AMEDD) traces its roots to July 17, 1776, when Congress authorized the implementation of hospital wards or medical NGOs, which were the forerunners of the AMEDD/MEC Corps.



In 1776, regulations were changed along a field manual, resulting in a more organized and efficient medical service to support the Army's operations.

**1856**  
In 1856, Congress authorized the Secretary of War to appoint an army hospital steward as needed in the army and transferred some of the hospital rolls as "NGOs." This action permanently attached the stewardship to the Medical Department.

**1887**  
The Hospital Corps was formally established on March 1, 1887. General Order 29 published in April 1887 stated "The Hospital Corps of the U.S. Army shall consist of hospital stewards, acting hospital stewards, and privates, and all necessary hospital services in garrisons, camps, or field (including ambulance services) shall be performed by the members thereof, who shall be regularly enlisted in the military service..."

General Order 29 also established new chevrons denoting the rank of the hospital steward, similar to the chevrons worn by all NGOs in the Army. Hospital stewards wore full-sized chevrons that had three stripes below and one on top with a Red Cross in the center. Acting hospital stewards wore the same chevrons except for the stripes on top. Privates of the Hospital Corps wore the "white arms band with a Red Cross."



**1900**  
In 1900, the Hospital Corps serves an important role in the study of the causes and transmission of infectious diseases, which led to the discovery of bacteria by Robert Koch.

**WWI**  
During World War I, enlisted personnel of the Army Medical Department began working in front-line hospitals, laboratory, radiology, dental, veterinary and psychiatric clinics were established with some courses taught in civilian universities.



**WWII**  
In World War II training camps were expanded to conduct basic and specialized training for medical and surgical technicians. Some with the accelerated training at these camps, the shortage of medical personnel on the front lines remained critical.



There could be no field unit without the support of the Hospital Corps in the field and at home.

**GWOT**  
October 1, 2006, the Combat Medic Military Occupational Specialty (MOS) code changes from 913 and 918 to 91W. During an interim period, 2004-2007, new specialty training includes maintenance of civilian EMT certification.







# March 2013

- Kimbrough Ambulatory Care Center celebrated the opening of its new Multi-Service Clinic with a ribbon-cutting ceremony March 4, 2013. The new clinic, located on the second floor, expands Kimbrough's services: gastroenterology, including endoscopies and colonoscopies; hand and upper extremity; chronic pain management; and podiatry.
- As part of Brain Injury Awareness Month, Womack Army Medical Center, Fort Bragg, N.C., provided an opportunity to learn and gain further knowledge of traumatic brain injuries and concussions by hosting a discussion panel March 7 at Weaver Auditorium.
- Baby talk filled the halls of Womack Army Medical Center, Fort Bragg, N.C., March 9 as nearly 400 expecting Families attended a Maternity Fair. In its tenth year, the fair offers information to Families who are expecting a child, new parents, or couples wishing to start a Family.
- The newly-renovated Lois B. Wells Memorial Healthcare Clinic, an annex clinic of Kenner Army Health Clinic, Fort Lee, Va., officially reopened during a ribbon-cutting ceremony on March 18. The ceremony marks the completion of an eight-month, \$1.4 million renovation project that transformed the old clinic into a bright, modern facility.
- Irwin Army Community Hospital was granted American Association of Blood Banks (AABB) accreditation for transfusion services. AABB is an international, not-for-profit association dedicated to the advancement of science in, and the practice of, transfusion medicine and related therapies.
- Behavioral Health Task Force Releases Report: "There are no systemic issues of Soldiers being disadvantaged in our healthcare process," Lt. Gen. Horoho tells reporters about findings from the Army's Task Force on Behavioral Health and the Corrective Action Plan (CAP).
- Tripler Army Medical Center in Hawaii is named a top Psychologically Healthy Workplace for 2013 by the American Psychological Association. Tripler is the first organization within the Department of Defense to be honored with the national award since the program began in 2006. Each year, only four organizations within North America receive the award. Tripler won in the government/military educational institution category.
- Sgt. Blayne Peterson, a combat medic with the 7203rd Medical Support Unit, Central Medical Area Readiness Support Group, is named the Army Reserve Medical Command NCO of the Year. Spc. James Freitas, a combat medic assigned to the 5010th U.S. Army Hospital, Southeast Medical Area Readiness Support Group, from Fort Gordon, Ga., is named Army Reserve Medical Command Soldier of the Year.
- Madigan's emergency medicine residents received exceptional scores on their in-training examinations with 19 scoring above the 90th percentile and all scoring above the 50th percentile.
- Madigan Army Medical Center's Preventive Medicine department received a five-year accreditation from the Accreditation Council for Graduate Medical Education, the highest award possible.
- The Tacoma-Pierce County Board of Health honored Lt. Col. (Dr.) Christopher Littell, Madigan Preventive Medicine, for his commitment to enhancing collaboration between Joint Base Lewis-McChord and regional civilian public health agencies.

# April 2013

- Medical Specialist Corps celebrated 66 years of service.
- Secretary of Defense Caspar W. Weinberger in 1986 designated each April as "The Month of the Military Child." Recognizing the contribution that the military child makes as their parent or parents serve our nation, it is during April of each year that all branches of service provide special days and events to honor the Family and their children.
- Madigan Army Medical Center's Radiology breast service was awarded the Gold Seal of Accreditation by the American College of Radiology for Mammography.
- The Kenner Army Health Clinic and





## April 2013

Bull Dental facility campuses and the areas between went tobacco-free beginning April 1. The initiative is part of Army Surgeon General, Lt. Gen. Patricia Horoho's push to change Army Medicine to a System For Health that focuses on prevention and wellness promotion for optimizing individual health and readiness.

- Northern Regional Medical Command Team Wolf, a diverse team of military, government Civilian employees and contract supporters, was awarded the Army Medical Command Wolf Pack Award for the second quarter of fiscal year 2013. The Wolf Pack Award recognizes exceptional work by military and Civilian teams in support of Army Medicine.
- Col. (Dr.) Craig Shriver wears many hats at Walter Reed National Military Medical Center (WRNMMC). He is chief of general surgery service, director of the John P. Murtha Cancer Center, professor of surgery at the Uniformed Services University of the Health Sciences and director of the National Capital Consortium's General Surgery Residency Training Program. It is for the latter Shriver was recently presented the 2013 Parker J. Palmer Courage to Teach Award. The award, created in 2002 by the Accreditation Council of Graduate Medical

Education (ACGME), is presented annually to honor directors of medical residency programs that exemplify patient-centered professionalism in medical education. Shriver received the award March 1 in Orlando, Fla., during the ACGME's Annual Education Conference.

- Following the Boston Marathon bombing April 15, physicians and nurses from the 804th Medical Brigade responded to save dozens of lives. Col. Joseph Blansfield, an emergency room nurse, was on scene and taking care of patients at the Boston Medical Center where he worked full-time. Lt. Col. David King, a general surgeon, finished the Marathon just minutes prior to the blasts and immediately reported to the operating room at Massachusetts General Hospital. "Because of the wars in Iraq and Afghanistan, there are many people in the country that are skilled in treating traumatic injuries like amputations and traumatic brain injuries," noted Alex Horton, an Iraq-war Veteran who now blogs for the VA. "Physicians have a larger breadth of knowledge about these injuries than a dozen years ago, and lessons learned from the wars undoubtedly saved many lives in operating rooms in and around Boston."

- Irwin Army Community Hospital, Custer Hill, and Farrelly Primary Care Clinics were recognized by the National Committee of Quality Assurance as a Level 3 Army Patient Centered Medical Home.



- Medical Specialist Corps observed its 66th anniversary.
- The U.S. Army was recognized as one of the Top 100 Global Innovators on Thomson Reuters' second annual innovators list. In their report, Reuters highlighted USAMRMC and the Army's work to develop technology in diverse areas ranging from computing and software, weaponry, and general military technology including communications and imaging to diagnosis and treatment of diseases such as malaria and the Ebola virus.
- Evans Army Community Hospital awarded the Excalibur Award for Clinical Operations. Individual awards include the MHS Female Physician Leadership award which went to Capt. (P) Meghan Raleigh and Chief, Army Medical Specialist Corps Award of Excellence was awarded to Capt. Rebecca Hawkins.

## May 2013

- Congress designated the month of May as National Mental Health Awareness Month and Army Medicine is an important part of the partnership to spread the word about why pathways to wellness are so important.

- Warrior Transition Battalion's Sgt. Joshua Andrew came away from the Department of Defense's 4th Annual Warrior Games in May with a gold medal in the shot-put and a silver medal in the discus competition. Andrew was the only Soldier from the

Warrior Transition Battalion to go to the 2013 games, which were held in Colorado Springs, Colo.

- During one week each May, healthcare providers observe National Women's Health Week to remind women about



# May 2013

the importance of taking care of their bodies. National Women's Health Week encourages and empowers women to make their health a priority through routine medical exams and preventive screenings, being active, paying attention to mental health, and avoiding unhealthy activities. Kenner Army Health Clinic, Fort Lee, Va., welcomed beneficiaries May 13, with a display of women's health information and services available through the Women's Health Clinic or local network providers. The display included a National "Go Red for Women" advocate who promoted the nonprofit health education group's current campaign titled "The Time is Now."



- May is Asthma Awareness Month, and this year professionals at Ireland Army Community Hospital, Fort Knox, Ky., offered free asthma screenings May 19 in the PX lobby. Adults and children with symptoms such as wheezing, coughing or shortness of breath found out if they were at risk for asthma.
- Patients, staff members, and visitors to Andrew Rader U.S. Army Health Clinic, Joint Base Myer-Henderson Hall, Va., can no longer light up, chew, or use any other tobacco product on the facility's campus. Rader Clinic Commander Col. Laura R. Trinkle said there has been a no-smoking policy inside treatment facilities operated by the U.S. Army Medical Command for years, but there

had been a smoking area someplace outside of each facility.

- What do football players and Soldiers have in common? Besides team spirit and commitment, they sometimes share an injury that has raised questions in both the military and the NFL — traumatic brain injury, or TBI. Both the NFL and the Army see a large number of concussive related injuries every year, and statistics show football players and military personnel have an increased risk for TBI. This year on Fort Bragg, there were nearly 13,000 screenings for TBI, as well as 1,800 Soldiers diagnosed with TBI. Because of this high statistic, the Defense and Veterans Brain Injury Center on Fort Bragg is currently conducting 13 active institutional review board research projects on concussive injuries. In an effort to raise awareness on TBI, the United Service Organization and the NFL Carolina Panthers partnered with Lenovo (a technology brand) on May 14 to conduct a question and answer panel on TBI.
- For the 2013 Warrior Games, the Warrior Transition Command hosted 16 training clinics and eight selection camps for athletes to compete for a spot on Team Army. At the Games, held May 14 in Colorado Springs, Colo., Team Army finished second to the Marine Corps in the overall medal count. Team Army beat its 2012 medal count by 18...33 Gold, 26 Silver, 22 Bronze (81 medals compared to 63 in 2012).
- Col. Nelson Michael, director of U.S. Military HIV Research Program at the Walter Reed Army Institute of Research in Silver Spring, Md., received the Hero of Military

Medicine Award for the U.S. Army. He was recognized for his excellence as an HIV researcher and leader in global health.

- For the first time in its 70-year history, the U.S. Army Institute of Surgical Research at Joint Base San Antonio-Fort Sam Houston received 510(k) clearance from the U.S. Food and Drug Administration for their development of the Burn Navigator, a first-of-its-kind algorithm-based decision assist system for use in managing fluid resuscitation of the severely burned patient. The FDA uses the 510(K) pre-market submission to ensure a medical device is safe for use on patients. The approval process is arduous, expensive, and can take several years to complete.
- Madigan was named one of the U.S.'s Most Wired Hospitals according to the results of the American Health Association's 2013 Most Wired Survey.
- For the second year in a row, Madigan Army Medical Center was awarded the Most Prestigious Environmental Achievement Award presented by Practice Greenhealth, a national membership organization for healthcare facilities committed to environmentally responsible operations.
- Madigan Army Medical Center received The Environmental Leadership Circle Award, recognizing healthcare facilities that exemplify environmental excellence and are setting the highest standards for environmental practices in healthcare.



# June 2013

- Army celebrated its 238th birthday.
- America's leading Veterinary Medical Team celebrated 97 years of service.
- Medical Service Corps celebrated 96 years.
- For the first time in more than 15 years, a red blood cell storage solution was approved by the Food and Drug Administration. Hemerus Medical LLC, in partnership with the U.S. Army Medical Materiel Development Activity, a subcommand of the U.S. Army Medical Research and Materiel Command, received FDA approval of the New Drug Application for its SOLX® System (LEUKOSEP® HWB-600-XL Leukocyte Reduction Filtration System for Whole Blood with CPD Anticoagulant and SOLX® Additive). The SOLX® system is a whole blood collection system that produces Leukoreduced red blood cells and plasma. This system has been approved in the United States by the FDA for six-week red blood cell storage and was previously approved in Europe for eight-week red blood cell storage.
- Maj. Gen. Nadja West became Army Medicine's first African-American

female two-star general, and the first in the active component of the Army. West currently serves as the joint staff surgeon.

- Wounded Warriors had an opportunity to explore the numerous recreational activities available to them during Adaptive Sports Day at Walter Reed Bethesda. The event, an extension of the Military Advanced Training Center's (MATC) Adaptive Sports and Community Reintegration program, offered to patients currently in rehabilitation, is held twice a year – in the spring to showcase spring/summer sports, and in the fall to highlight fall/winter sports
- Wounded Warrior amputees at Walter Reed National Military Medical Center got a chance to share the wisdom and experience they've gained through tough rehabilitation and prosthetic fittings with a man who lost a leg during the April 15 Boston Marathon bombings. J.P. Norden and his brother, Paul, were cheering on a friend at the finish line of the marathon when they were injured in the second bomb blast. Each brother lost a leg. The brothers' surgeon – Dr. E.J. Caterson, chief of plastic and reconstructive surgery at

Harvard Medical School's Brigham and Women's Hospital in Boston – recently accepted an invitation from Walter Reed officials to visit and learn about the latest medical and surgical advances in similar blast injuries seen in Wounded Warriors.

- Three Soldiers recovering at Walter Reed National Military Medical Center received the Purple Heart Medal at Mount Vernon, Va., June 3 to commemorate the 238-year-old heritage of the U.S. Army. The ceremony which honored Sgts. Cory Doane, Sean Karpf, and Spc. Arael Lopez set off a week-long series of events in the National Capital Region to celebrate the Army's Birthday. Secretary of the Army John M. McHugh pinned the three Wounded Warriors with the Purple Heart after placing a wreath at the tomb of the nation's first president and the Army's first commander, Gen. George Washington. He said he appreciated the opportunity to begin the Army Birthday celebration at the home of George Washington, which also marks the beginning of the Purple Heart Trail.
- Barbara Holcomb was promoted to Brigadier General on June 6 and





# June 2013

now serves as the U.S. Army Forces Command surgeon. For the first time in Army Medicine history, Nurse Corps general officers are serving at three-star, two-star, and one-star ranks simultaneously.

- Maj. Gen. M. Ted Wong relinquished command of Southern Regional Medical Command to Maj. Gen. Jimmie O. Keenan on June 6. Keenan concurrently serves as chief of the Army Nurse Corps. Wong concurrently serves as chief of the Army Dental Corps and leads the Northern Regional Medical Command in Fort Belvoir, Va.
- Sexual Harassment/Assault Response and Prevention Summit held at Joint Base Andrews June 10-11. There are some in the Army who may not yet fully appreciate the gravity of the sexual assault situation in the Army, said Gen. Ray Odierno, chief of staff, in his opening remarks. "I will tell you, from the things I see, we still have people out there who tolerate sexual assault and sexual harassment." Odierno notes, "Until we solve that problem, it's going to get worse."
- The commander of the Army's training enterprise remarks; Army leaders must overcome their "naïveté" when it comes to realizing and addressing the problem of sexual harassment and sexual assault in the ranks. "When you study the typical sort of pattern of behavior, how these sexual assaults occur today, it is absolutely eye-opening," says Gen. Robert W. Cone, head of the Army Training and Doctrine Command.
- Army, NFL partnership focuses on

resiliency for Soldiers and players. The Army hosted a panel in New York on June 13 to address building and maintaining resilient Soldiers, Families, and Department of the Army Civilians. Vice Chief of Staff Gen. John F. Campbell was joined by National Football League Commissioner Roger Goodell; Dr. JoAnn Difede, director of the Program for Anxiety and Traumatic Stress Studies; and Army Surgeon General Lt. Gen. Patricia Horoho. "Each organization here represents a different facet of resiliency, and the common goal is to come up with policy and procedures, at least for the Army and maybe for other organizations, to really preserve and protect the long-term health and wellness of our people," Campbell says.

- At a Pentagon symposium on Traumatic Brain Injury (TBI) hosted by Secretary of Defense Chuck Hagel on June 12, Lt. Gen. Patricia Horoho remarked that, "It may come as a surprise to many that the vast majority of TBI cases incurred by the military occur within garrison, which means in noncombat accidents, rather than while deployed, or in areas of hostile activity. From 2000 to 2012, 83 percent of TBI cases occurred within the garrison. Suffice it to say, TBI will remain a military concern long after U.S. combat forces are withdrawn from Afghanistan sometime in 2014."
- John M. Cho received his first star on June 21, and is the first Active Component American Soldier of Korean descent to become a general officer. Brig. Gen. Cho currently heads the Western Regional Medical Command. A day after his promotion,

Cho addressed the issues of post-traumatic stress disorder and traumatic brain injury during an awareness event on Capitol Hill in Washington: "The invisible wounds – post-traumatic stress disorder and traumatic brain injury – are just as damaging as the visible ones. They impact the Families as well as the Soldiers."

- Capt. Stephanie Hightower and Capt. Erica Chabalko of Madigan Army Medical Center competed in the 2013 Armed Forces Triathlon Championship at Naval Base Ventura County Point Mugu, June 1. The triathlon consisted of a 1,500-meter ocean swim, 40-kilometer bike ride, and a 10-kilometer run.
- Madigan Army Medical Center: The Clinical Informatics department won the 2012 AMEDD Mercury Award in the category of IM/IT Special Act Strategic Impact Team Award. Clinical Informatics was honored for efforts in support of the Medical Evaluation Board Review Tool that was used by over 500 users across the AMEDD to conduct a congressionally mandated review of MEB cases spanning the last twelve years. The team built and deployed a global tool in five days to meet a hard MEDCOM deadline for starting the process.
- Madigan's Cross Country team won first place in the JBLM Intramural Cross-Country Series. The Series consisted of three separate four-mile races on the running trails behind the Soldiers Field House on Lewis Main.
- The Madigan-Puyallup Community Medical Home won the Business Examiner's 2013 Healthcare





## June 2013

Champion Award for innovation and excellence in providing healthcare to the community. The Puyallup team was recognized at a reception at the Tacoma Glass Museum with eight representatives from the Puyallup crew

and Madigan Commander, Col. Dallas Homas, in which they were honored for their delivery of patient-centered care to our beneficiaries. Madigan has been recognized four consecutive years by the Business Examiner as a healthcare

champion in the South Sound.

- Irwin Army Community Hospital celebrated the Fort Riley Army Wellness Center Grand Opening.

## July 2013

- The Army Medical Corps celebrated 238 years of service. Both the Army Medical Department and the Army Medical Corps trace their origins to July 27, 1775, when the Continental Congress established the first Army Hospital to be headed by a “Director General and Chief Physician.”

- On July 10, an Army wife was

medically evacuated by the USAISR Burn Flight team, from Ramstein Air Base, Germany, to the San Antonio Military Medical Center in Texas. She is the first patient ever to be flown across the Atlantic while on the Extracorporeal Membrane Oxygenation (ECMO) machine, a specialized lung bypass machine.

- Sgt. Piero Lopez, a combat medic with the Arkansas Army National Guard’s Headquarters and Headquarters Company, 2nd Battalion, 153rd Infantry Regiment was named the Army National Guard Soldier of the Year in an awards ceremony following the 2013 Army National Guard Best Warrior Competition on July 23.

## August 2013

- The month of August is designated as National Immunization Awareness Month. Immunizations have saved more lives than any other medical measure in history and really are the best protection against many common and communicable diseases.

- Maj. Gen. Steve Jones assumed command of the Army Medical Department Center and School effective Aug. 1 during a ceremony at the Army Medical Department Museum on Sept. 19 following an assignment as commander, Joint Task Force National Capital Region Medical (JTF CapMed).

- On Aug. 8, Lt. Gen. Patricia Horoho officially announced Army Medicine’s System For Health and the Performance Triad at a MEDCOM-wide Stand Up For Health Training

Day. The System For Health represents a paradigm shift from a healthcare system focused on disease, to a system focused on prevention; to sustain health, readiness, and resiliency. The key tenets of the Performance Triad – sleep, activity, and nutrition – provide the foundation upon which Soldiers and their Families can make healthy life choices. “As we wind down from nearly 12 years of combat operations, we – as an Army and as a nation – have a golden opportunity to reset, refit, and refocus. That focus should be on maintaining, restoring and improving health – using improved sleep, physical activity, and nutrition habits to foster increased readiness and resilience,” Horoho said.

- Sgt. 1st Class Ronnie Reynolds, a combat medic at the Army Medical Department Center and School, was

named the 2013 MEDCOM Best NCO; Spc. Erik Eaton, a laboratory specialist from the U.S. Army Medical Research and Materiel Command was named MEDCOM Best Soldier. They are the winners of MEDCOM’s Best Warrior Competition hosted by the U.S. Army Public Health Command Aug. 19–23.

- Kimbrough Ambulatory Care Center, Fort Meade, Md., opened its new satellite refill pharmacy May 1. The wait time for customers picking up refill prescriptions decreased from an average of 15 minutes to two to three minutes. A year prior, patients waiting to pick up a refill prescription at Kimbrough Ambulatory Care Center’s pharmacy would have an average wait time of 15 minutes. Sometimes, depending on the time of day, that wait could last up to 30 or 40 minutes.

# PERFORMANCE TRIAD



- 38 YEAR IN REVIEW | ARMYMEDICINE.MIL



# September 2013

- September is Suicide Prevention Month and the Department of the Army joined our nation and the world in observance.
- On Sept. 10, 2009, the President of the United States of America issued a Proclamation declaring Sept. 11 as “Patriot Day and National Day of Service and Remembrance” to honor the victims of September 11, 2001.
- Maj. Gen. Jimmie O. Keenan, commanding general of the Southern Regional Medical Command, assumed directorship of the San Antonio Military Health System’s enhanced Multiservice Market on Sept. 12 during a transfer of authority ceremony with the Air Force’s 59th Medical Wing, Lackland Air Force Base.
- Brig. Gen. Jeffrey B. Clark assumed command of Walter Reed National Military Medical Center (WRNMMC) on Sept. 19 from Navy Rear Adm. Alton L. Stocks, who served as the first commander of the nation’s largest joint military medical center. As one of 14 pilot installations in the Defense Department’s Healthy Base Initiative, this Maryland post will share its best practices and lessons learned across DOD to promote healthier and more resilient service members, Families, Retirees, and Civilian employees, a senior defense official said.
- Col. Brian P. Foley, the Fort Meade garrison commander, announced during a ribbon-cutting for Fort Meade’s new Army Wellness Center that the post has been named a demonstration site in the Healthy

Base Initiative. The initiative is part of Operation Live Well, a program aimed at making healthy living the easy choice and the social norm. Participating in the Healthy Base Initiative will help the Defense Department encourage an alternative to the national trend toward obesity and tobacco use, Charles E. Milam, DOD’s principal director for military community and Family policy, told American Forces Press Service.

- The Wilkerson Pediatric Clinic now operates under a Patient Centered Medical Home (PCMH) model of care, which offers a more personalized experience for beneficiaries. Families using the clinic are assigned to a single team that will be responsible for their children’s specific healthcare needs. The medical home team will provide treatment, coordinate referrals, follow-up with specialists, and establish care plans for children with chronic illness and more.
- Operating at maximum efficiency has become a primary goal for every unit at Joint Base Langley-Eustis, Va. While many units work internally to reach this goal, U.S. Air Force Hospital Langley and McDonald Army Health Center need help from their patients to ensure every dollar healthcare facilities spend goes towards the community’s welfare by avoiding missed appointments. “We have a saying here at MCAHC,” said U.S. Army Capt. Jose Sanfeliz, MCAHC clinical support division chief. “*‘An appointment missed by you is an appointment missed by two.’* It means whenever someone misses their appointment, another person who was waiting for a slot could’ve been

seen instead, if the first patient had canceled the appointment.”

- Lt. Gen. Horoho received the Humanitarian Award from the American Red Cross of Massachusetts at a ceremony held in Boston on Sept. 24. Horoho, whose mother was a Red Cross volunteer as a candy stripper, is credited with saving dozens of lives via first aid she provided at the Pentagon on 9/11.
- Researchers unveiled the world’s first thought-controlled bionic leg Sept. 25, funded through the U.S. Army Medical Research and Materiel Command’s Telemedicine



and Advanced Technology Research Center (TATRC) and developed by researchers at the Rehabilitation Institute of Chicago (RIC) Center for Bionic Medicine.

- In September 2013, the Warrior Transition Command established the Cadre Resilience Course (CRC) to train the twelve skills identified to build resilience. The program is the foundation for ensuring the welfare of the nation’s wounded, ill, and injured Soldiers and their Families. While the 29 Warrior Transition Units (WTU) or nine Community





## September 2013

Based WTUs located in CONUS and OCONUS, including Puerto Rico, find similarities to other Army line units, the mission to heal and transition is quite distinguishing. The job of WTU cadre may not require the extreme physical demands of battle, but it can be mentally and emotionally demanding. The CRC will be institutionalized at the Army Medical Department Center & School and implemented to the WTU Cadre Training Program.

- Madigan won second place in the JBLM Green Team competition. Special thanks go to Preventive

Medicine's Environmental Health Service Branch and Logistics Division's Environmental Services Branch. Both branches were co-champions of Madigan's recycling and other waste improvement programs. The Department of Nursing, DOAOS, Pathology, Nutrition Care Division, Safety Office, and the Infection Control Office were also key contributors. For winning second place, Madigan received a \$7,500 award for the Troop Command's MWR Fund.

- Ms. Anna Miranda was the

MEDCOM and WRMC nominee for the 2013 Latina Style Distinguished Service Award. Ms. Miranda is a Health Systems Specialist with Madigan's Department of Occupational Medicine and Deployment Health.

- William Beaumont Army Medical Center holds a Grand Opening for the new Wellness Center at Fort Bliss.

## October 2013

- MEDCOM celebrated its 19th anniversary on Oct. 2.
- October is National Depression Education and Awareness Month.
- During Breast Cancer Awareness Month, Army Medicine was joined by other health system partners to increase the overall awareness and sharing of information among Soldiers, Family members, and beneficiaries on the the importance of breast cancer screening.
- Defense Health Agency (DHA) began operations Oct. 1. Directed by Air Force Lt. Gen. Douglas J. Robb, DHA aims to streamline processes, reduce complex operations, and achieve reductions while improving care to beneficiaries. Ten shared services are placed under the DHA umbrella. The TRICARE health plan, Facility

Planning, Medical Logistics, Health Information Technology (Hit), and Pharmacy are all part of the initial launch. Acquisition, Budget and Resource Management, Medical Education/Training, and Medical Research will be implemented by Oct. 1, 2015.

- As technology and medical treatments continue to progress, facility improvements are a high priority to maintain proper care of patients and their Families. Womack Army Medical Center has recognized the need for improvement and is renovating approximately 79,000 square feet of existing space to provide the best possible care for its patients. "The construction is necessary to adapt to the ever-changing face of healthcare. When this facility was constructed in the late 1990s, the primary focus of care was in the inpatient setting. Since

this time, there has been a shift to more preventive and outpatient care," said Maj. Matthew K. Marsh, hospital alteration transition officer.

- At the Association of the U.S. Army (AUSA) conference in Washington on Oct. 21-23, Lt. Gen. Horoho addressed the shift of Army Medicine's focus from healthcare, the treatment of disease, to wellness, the preservation of health. Horoho tells conference attendees that sleep, activity, and nutrition are the keys to wellness and can avert what she called a crisis in America, where, "Nine out of ten of us in this room will die of a preventable illness. Most of us accept this as inevitable, not a matter of if, but when," Horoho said. "But it's not when, it's if. The decisions we make every day determine if, not when, we will contract one of these life-threatening conditions."



# October 2013



- Col. Timothy Hudson, Army Medicine's System For Health lead, told Army leaders that the Performance Triad is part of the larger System For Health partnership among Soldiers, Families, leaders, health teams and communities to promote readiness, resilience, and responsibility. Hudson says the goal is to have the Performance Triad become a way of life, like the Army Core Values.
- Uniformed Services University Graduate School of Nursing was renamed the Daniel K. Inouye Graduate School of Nursing in honor of the late Senator Daniel Inouye at the 20th anniversary celebration of the Graduate School of Nursing held Oct. 29. Not only was Senator Inouye "an American hero, a servant leader, an advocate, a mentor, and

an inspirational man," says Lt. Gen. Horoho in her keynote address, but he was also "a tireless advocate for the advancement of nursing education, research, and clinical practice. He was instrumental in the founding of the Uniformed Services University Graduate School of Nursing. He also shepherded legislation through congress that endowed the Tri-Service Nursing Research Fund."

- Western Regional Medical Command changed leadership on Oct. 31. Brig. Gen. John Cho assumed command from Maj. Gen. Richard Thomas, who moved on to Defense Health Agency.
- Fort Drum's USA MEDDAC earned the Joint Commission's Gold Seal of Approval® for accreditation by demonstrating compliance with

national standards for healthcare quality and safety in ambulatory care organizations. The accreditation award recognizes the MEDDAC's dedication to continuous compliance with the Joint Commission's state-of-the-art standards. Guthrie Ambulatory Health Care Clinic, Conner Troop Medical Clinic, Preventive Medicine, Obstetrics and Gynecology, and Behavioral Health Services underwent a rigorous, unannounced on-site survey in May. A team of Joint Commission expert surveyors evaluated the organization for compliance with standards of care specific to the needs of patients.



# November 2013

- November is Warrior Care Month, and this year's focus was on "Building a Ready and Resilient Force." This is the time for the Army to celebrate the resilience and strength our wounded, ill, and injured Soldiers demonstrate everyday, and to pay tribute to those who have sacrificed so much in the defense of the nation.
- On Veterans Day, Command Sgt. Maj. Brock and Army Surgeon General Patricia Horoho extended gratitude to all Veterans past and present who have served our country and especially those who made the ultimate sacrifice.
- Military Family Month - honoring military Families for their contributions and sacrifices.
- In November, the AMEDDC&S celebrated its 30-year anniversary of accreditation by the Council on Occupational Education (COE). The COE is recognized by the U.S. Secretary of Education as a reliable authority on the quality of education offered by the AMEDD Center & School.
- U.S. Army Surgeon General Lt. Gen. Patricia Horoho received France's National Order of Legion of Honor, Chevalier (Knight) Award for her career accomplishments and commitment to French-American medical cooperation. The award was presented by Mr. Frederic Dore, the Deputy Chief of Mission at the Embassy of France at a ceremony held in the French Embassy in Washington, D.C. Previous American recipients of the award were: General Dwight D. Eisenhower; General George Patton; General Douglas MacArthur; Major Audie Murphy; Admiral Michael Mullen and US Airways pilot Captain

Sully Sullenberger. Also among the medal recipients were sisters Mrs. Dorothy Levitsky Sinner and Mrs. Ellan Levitsky Orkin who served in France as part of the U.S. Army Nursing Corps during WWII.

- On Nov. 6, Lt. Gen. Patricia Horoho, Army surgeon general, announced Capt. Kenneth Roberts of the Northern Regional Medical Command's (NRMC) Human Resources (G-1) as one of the four Army Medical Department (AMEDD) winners of the Lt. Col. Karen Wagner award. The award is named for the late Lt. Col. Karen Wagner, the only AMEDD officer to lose her life during the 9/11 attack on the Pentagon. It is presented annually to outstanding AMEDD Human Resources Professionals in four categories: the Regular Army, Army Reserve, Civilian focusing in Military Human Resources, and Civilian focusing in Civilian Human Resources. Capt. Roberts won for the Army Reserve Component from a field of 18 nominees.
- Maj. Gen. M. Ted Wong, commanding general of the Northern Regional Medical Command and chief, U.S. Dental Corps, said today's Soldiers have chosen a strenuous profession that over the past 12 years has called for great strength of character and commitment. Wong made the remarks at a mass reenlistment ceremony held on the grounds of the U.S. Capitol, Washington, D.C., Nov. 15. Fifty-two Soldiers reenlisted, representing eight health-related commands across the National Capitol Region. "The profession of arms demands much of those who serve at any time," Wong said. "But over the past decade of perpetual combat, the nation has

called on you as it has never called on its sons and daughters before."

- The Spouse Wellness Conference kicked off Nov. 5 as part of the Healthy Base Initiative at the Family Readiness Group Center and



Hercules Physical Fitness Center, Fort Bragg, N.C. The HBI program has been developed for military service members, their Families and Department of Defense Civilians to educate them on the importance of taking charge of their health through nutrition and fitness. This is the first time the conference has taken place on Fort Bragg. Over 230 spouses showed up to listen to keynote speaker, Karen Reivich, co-director of the Penn Resiliency Project and to take advantage of the workshops in more than 30 wellness areas.

- Leonard A. Smith, Ph.D., a senior scientist at the U.S. Army Medical Research Institute of Infectious Diseases at Fort Detrick, received the Department of Defense Distinguished Civilian Service Award Nov. 18 in a Pentagon ceremony. The recognition is the highest award given by the Secretary of Defense to career employees.
- The Healthy Base Initiative was held at Fort Bragg, N.C., Nov. 11-16. A series of events aimed at optimizing health, resilience, and readiness are staged at the installation that serves





# November 2013

as both a Performance Triad pilot site and one of 14 selected for a DOD assessment of its success in overall community healthy eating and active living.

• Sgt. Sarah Deckert, chef and personal aide to Gen. Horoho, is named Enlisted Aide of the Year for the Department of Defense on Nov. 13.

• William Beaumont Army Medical Center opened the Rio Bravo Community Medical Home in El Paso, Texas.

# December 2013

• “Jingle Walk,” with some participants dressed up in holiday costumes, at MEDCOM Headquarters in Falls Church, Va., on Dec. 13, is the first of a planned monthly event throughout the command, with an emphasis on fun and promoting unit camaraderie.

• Madigan Army Medical Center and its Department of Medicine’s internal medicine residents were recognized for their outstanding contributions to the Washington and Army Chapter Meetings of the American College of Physicians (ACP), marking the first year in the program’s history that Madigan residents have swept all major awards at both of these meetings in a single year.

• Bassett Army Community Hospital awarded 2013 MEDCOM Wolf Pack of the Year.

• Madigan residents were selected for 4 podium and 16 poster presentations at the Washington ACP Chapter meeting, with submissions that made up almost 40% of the resident abstracts submitted from the four residencies in the state of Washington. Special congratulations go to the

following individuals – Capt. Victoria Sullivan received 1st place in the podium competition for the submission titled: Common Variable Immunodeficiency Masquerading as Sarcoidosis (co-author Lt. Col. Patty Short); and Capt. Heather Pomerantz received 1st place in the poster competition for her submission titled: A Complex Case of Sarcoidosis-Associated Pulmonary Hypertension (co-author Col. Alex Niven).

• Samuel Barnett made Army Medical Department (AMEDD) history by becoming the second 68W (Combat Medic) to receive The Guard, Tomb of the Unknown Soldier Identification Badge and is the first junior enlisted AMEDD Soldier to earn this honor.

• Madigan Army Medical Center’s Department of Medicine sponsored its first annual Research Day in combination with the Army ACP Chapter’s first virtual meeting, which featured an outstanding intern clinical vignette competition that was won in a close decision by Capt. Joseph Howells. The Army ACP meeting featured a resident research podium competition and a clinical

vignette abstract competition. Special congratulations go to the following three individuals – 1st place: Capt. Evelyn Slaughter (research podium competition; co-authors Christina Schofield, MD; Maj.(P) Cristin Mount) - Changes in Red Blood Cell Width Distribution as a Novel Biomarker for Bacteremia; 2nd place: Capt. Evelyn Slaughter (clinical vignette abstract competition; co-authors Capt. Nikhil Huprikar; Mary Anne McDonald, MD) - A Rare Case of Amiodarone Induced SIADH; 3rd place: Capt. Brian Pomerantz (clinical vignette abstract competition; co-author Col. Alex Niven) - Secondary Pneumothorax During Flight: A Late Complication of H1N1-Associated ARDS.

• December was global health engagement month in the military health system. Download a monthly computer desktop wallpaper calendar to participate in health awareness campaigns and share pride in the military health system. Select and download at: [health.mil/News\\_And\\_Multimedia/MHScalendar.aspx](http://health.mil/News_And_Multimedia/MHScalendar.aspx)



# FALLEN HEROES 2013



**CPT MORENO, Jennifer M.**



**66H**

Madigan Army Medical Center, Joint Base  
Lewis-McChord, Washington  
San Diego, California  
6-Oct-2013

**1SG STAPLEY, Tracy L.**



**68W**

308th Medical Logistics Company, 139th  
Medical Support BDE, Independence, MO  
Clearfield, UT  
3-Jul-2013

**SPC TOWSE, Cody J.**



**68W**

3rd Battalion, 41st Infantry Regiment,  
1st BCT, 1st Armored Division,  
Fort Bliss, TX  
Elk Ridge, UT  
14-May-2013



Serving To Heal...Honored To Serve